

National Correct Coding Initiative
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July 29, 2009

Laxmaiah Manchikanti, MD
American Society of Interventional Pain Physicians
2831 Lone Oak Road
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Dear Dr. Manchikanti:

I thank you for your letter dated June 2, 2009 in which you comment about National Correct Coding Initiative (NCCI) edits bundling various nerve block CPT codes into a number of global surgical procedures. We discussed your letter with CMS (Centers for Medicare and Medicaid Services) which owns NCCI and makes all decisions about its contents.

Since 2002 CMS has bundled a subset of nerve block codes into all global surgical procedures. On April 1, 2009 CMS implemented additional edits bundling the remaining nerve block codes into all global surgical procedures. The modifier indicator for most of the new edits was "0". The modifier indicator for most edits active prior to April 1, 2009 except as described below will be modified to "0" in NCCI version 15.3 scheduled for October 1, 2009.

These edits are based on two Medicare payment policies. CMS Anesthesia rules prohibit a provider performing a therapeutic or diagnostic procedure from separately reporting anesthesia for the procedure. Medicare Global Surgery rules also prohibit a provider performing a global surgical procedure from separately reporting post-operative pain management for that procedure. Nerve blocks may be utilized for anesthesia or post-operative pain management.

Since there are over five thousand global surgical procedures, it was not practical to only adopt anatomically appropriate edits. CMS therefore decided to bundle ranges of codes. That is, all nerve block codes were bundled into all global surgery procedure codes. The anatomically appropriate combinations should not be reported because of Medicare Anesthesia and Global Surgery rules. It was reasoned that the anatomically inappropriate combinations should also not be reported, and if they were, they were probably coding/reporting errors.

Prior to implementation of the new edits, they were released for a sixty day review and comment period to over one hundred national healthcare organizations including several medical and surgical societies whose members perform pain management services. Some edits were modified based on comments from one of these organizations.



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Since implementation of the edits, a number of problems have been identified by practitioners and healthcare organizations that had not been identified in the review and comment process. CMS has acted to modify the appropriate edits. Your letter addresses many of these issues. I will summarize the planned changes for the codes identified in your letter:

(1) CMS will modify all edits bundling nerve block CPT codes into CPT codes 20552 and 20553 to allow use of NCCI-associated modifiers if the nerve block is administered for a purpose unrelated to anesthesia or post-operative pain management for the column one coded procedure. These modifications will appear in NCCI version 15.3 scheduled for October 1, 2009. CMS realizes that it is highly unlikely that a nerve block would be utilized for anesthesia or post-operative pain management for a procedure described by CPT code 20552 or 20553.

(2) CMS will modify all edits bundling nerve block CPT codes into CPT codes 20600, 20605, and 20610 to allow use of NCCI-associated modifiers if the nerve block is administered for a purpose unrelated to anesthesia or post-operative pain management for the column one coded procedure. These modifications will appear in NCCI version 15.3 scheduled for October 1, 2009.

(3) CPT codes 22526 and 22527 are status "N" on the Medicare Physician Fee Schedule effective September 29, 2008. All NCCI edits for these codes will be deleted in NCCI version 15.3 (October 1, 2009).

(4) CMS will modify all edits bundling nerve block CPT codes into CPT codes 27093 and 27096 to allow use of NCCI-associated modifiers if the nerve block is administered for a purpose unrelated to anesthesia or post-operative pain management for the column one coded procedure. These modifications will appear in NCCI version 15.3 scheduled for October 1, 2009.

(5) CMS will retain the edits bundling all nerve block codes into CPT codes 62263, 62664, 62287, 62290, and 62291. The modifier indicators for the edits implemented April 1, 2009 will remain a "0", and the edits currently active with a modifier indicator of "1" will be modified so that the modifier indicator is "0" for all the edits. In your letter you suggested that CMS delete a subset of edits that are not anatomically appropriate. As explained above, CMS does not think that there is any harm caused by retaining the latter group of edits since these code pair combinations, if reported together, would likely be a coding/reporting error.

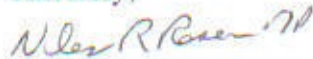
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If providers or healthcare organizations identify for CMS other combinations of global surgical procedures and nerve block codes that may be reported together unrelated to anesthesia or post-operative pain management for the global surgical procedure, CMS will consider modifying the additional edits.

Since the edit modifications will appear in NCCI version 15.3 scheduled for October 1, 2009, providers may choose to delay submitting affected claims until that date. If nerve block services have been denied based on the edits and the nerve blocks were not for the purpose of anesthesia or post-operative pain management for a global surgical procedure, claims may be resubmitted to the local claims processing contractor after October 1, 2009.

CMS and we appreciate your assistance with the NCCI.

Sincerely,



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