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***National Correct Coding Initiative Policy Manual for Medicare Services:
An Excellent Reference Tool for Understanding NCCI Edits***

The Centers for Medicare and Medicaid Services (CMS) implemented the National Correct Coding Initiative (NCCI) to promote correct coding nationwide and to assist coders and physicians in reporting services correctly for payment. Annually, CMS updates the *National Correct Coding Initiative Policy Manual for Medicare Services* (CCI Policy Manual) which is a reference tool for NCCI edits based on changes, additions and revisions made to the NCCI edits from the previous year. The 2016 version of this manual is available on the CMS website as a download at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodingInitEd/index.html>. Changes, additions and deletions which reflect the previous year's edits are noted in the manual in italicized red font.

For those who are not as familiar with NCCI edits as they should be, the introductory section of the NCCI Policy Manual provides an excellent overview of the purpose and history of NCCI edits, and discusses the three types of edits that make up the NCCI edit program: NCCI Procedure-to-Procedure (PTP) edits, Medically Unlikely Edits (MUE), and Add-on Code Edits. It also explains how coding edits decisions are made and the review process.

Chapter I *General Correct Coding Policies* addresses general coding principles, issues and policies which are further discussed in subsequent chapters. Of interest to anesthesia in Chapter I, is Section F, *Standard Preparation/Monitoring Services for Anesthesia* and Section G, *Anesthesia Care Included in the Surgical Procedure*.

Each chapter of the manual corresponds to a separate section of the AMA Current Procedural Terminology (CPT®) Manual. Policies and edits specific to anesthesia appear in Chapter II. Principles of correct coding discussed in Chapter I of the manual apply to CPT codes in the range of 00000-09999.

The 2016 manual reflects an edit which bundles 93355 into an anesthesia service. ASA does not agree with this edit. We will continue efforts to convince CMS to revise it to allow for separate reporting of code 93355 when performed by the physician anesthesiologist providing anesthesia care for the underlying surgical procedure. Additional information on this matter will be posted as it becomes available.

93355 Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

Chapter VIII includes policies related to codes commonly reported by Pain Medicine practices. The 2016 CCI Policy Manual confirms CMS' 2015 policy regarding the bundling of fluoroscopic guidance into the epidural injection codes 62310-62319. It states:

“CPT codes 62310-62319 describe injections of diagnostic or therapeutic substance(s) into the epidural or subarachnoid spaces at different spinal levels. Fluoroscopic guidance such as CPT code 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)is included in these procedures and should not be reported separately with these codes. “

Review of the chapters of the manual that pertain to the code ranges you most often report is important. But it is equally important to review the new, revised and deleted NCCI edits that are released *quarterly* since the manual is updated *annually*. The NCCI edits can be found on the CMS website at the link provided above.