

National Correct Coding Initiative

Correct Coding Solutions, LLC
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October 27, 2015

Marc R. Togli, MD
The American Urogynecologic Society
2025 M Street, NW, Suite 800
Washington, DC 20036

Dear Dr. Togli:

I thank you for your letter dated October 11, 2015 in which you comment about proposed modifications to active National Correct Coding Initiative (NCCI) procedure to procedure (PTP) edits. We discussed your correspondence with CMS (Centers for Medicare & Medicaid Services) which owns NCCI and makes all decisions about its contents.

CMS proposed that specific active PTP edits bundling CPT code 44005 (Enterolysis (freeing of intestinal adhesion) (separate procedure)) or 58660 (Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)) into certain surgical procedures be converted from edits allowing bypass of the edits with NCCI-associated modifiers (modifier indicator of "1") to no longer allow bypass with these modifiers (modifier indicator of "0"). Although you agreed with twenty of the proposed changes, you objected to thirteen proposed changes listed in your correspondence. (The edits included in this proposal are a subset of edits bundling CPT code 44005 or 58660 into various surgical procedures. All the other edits not included in this proposal currently have modifier indicators of "0". The edits included in this proposal had modifier indicators of "1" by default rather than by intent.)

CMS will modify these edits to no longer allow use of NCCI-associated modifiers in the version of NCCI scheduled for January 1, 2016. As explained in my letter dated August 11, 2015, these changes are based on CPT codes 44005 and 58660 including the "separate procedure" designation in their code descriptors. CMS policy does not allow separate reporting of a procedure designated as a "separate procedure" when performed with another surgical procedure in the same anatomic region or through the same surgical approach. CMS notes that if a physician performing one of the surgical procedures that you identify must perform extensive adhesiolysis requiring significant additional work and time, the physician may report the surgical procedure with modifier 22 ("increased procedural services") to seek additional payment for the additional work.



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CMS and we appreciate your assistance with the NCCI.

Sincerely,

Signed electronically by Niles R. Rosen, M.D.

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Cc: Valeria Allen, CMS COR for the NCCI/MUE Programs
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