
Contractor Comment: Thank you for attending the NHIC, Corp. General Surgery Teleconference on October 27, 2009. Below are the questions that needed clarification or further research. Please note that the questions may have been edited to allow for the greatest dissemination of information to the widest audience.

Q1. When billing spine surgery add-on codes, do you bill the additional segment codes as units or on a separate line?

A1. You will first need to check the National Correct Coding table to be sure the additional code is not on the comprehensive/component or mutually exclusive editing. Then review the Medically Unlikely Edits (MUE) table for the code (s). If there is a maximum number of units allowed for the code, enter up to this amount in the units column. If you have exceeded the maximum units, and the service is medically necessary, add the 76 modifier to each additional line item. Below are the applicable CMS links:

http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage

http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage

Q2. When billing code 11400, should units or a modifier be used to indicate trunk versus arm?

A1. Review the Medically Unlikely Edits (MUE) table for the code (s). If there is a maximum number of units allowed for the code, enter up to this amount in the units column. If you have exceeded the maximum units, and the service is medically necessary, add the 76 modifier to each additional line item. The published MUE will consist of most of the codes with MUE values of 1-3. If there is no maximum number of units allowed listed, then CMS will most likely allow more than 3 units. You can bill the procedure as multiple units on the same line with no modifier. The number of services should be allowed as long as the number of units is clinically appropriate. Below is an article published on page 4 of the December 2008 newsletter on this topic.

http://www.medicarenhic.com/news/provider_news/NHIC_RESOURCE_DEC_08.pdf

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