

Corporate Medical Policy

Code Bundling Rules Not Addressed In Claim Check

File Name: code_bundling_rules_not_addressed_in_claim_check
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Next Review: 12/2010

Description

Professional services are identified with Current Procedure Terminology (CPT) codes or Healthcare Common Procedure Coding System (HCPCS) codes. These codes enable the accurate identification of the service or procedure. Use of any CPT or HCPCS code should be fully supported in the office notes.

Inclusion of a code in CPT or HCPCS does not represent endorsement of any given diagnostic or therapeutic procedure by the bodies who develop the codes (AMA and CMS). The inclusion of the code in CPT or HCPCS does not imply that it is covered or reimbursed by any health insurance coverage.

Claims are filed utilizing CPT or HCPCS codes. These claims are reviewed to determine eligibility for payment. If services are considered incidental to the primary service rendered they are not eligible for separate reimbursement. Incidental is defined as a procedure that is carried out at the same time as a more complex primary procedure. However, the incidental procedure requires little additional physician resources and/or is clinically integral to the performance of the primary procedure. For these reasons, an incidental procedure is not reimbursed separately on a claim. Procedures that are considered incidental when billed with related primary procedures on the same date of service will be denied.

BCBSNC uses several reference guidelines in developing its claims adjudication logic, including the American Medical Association's Current Procedural Terminology (CPT) manual, the CMS Correct Coding Initiative (CCI), Medicare (CMS) guidelines, and Claim Check. These reference guidelines were developed for varying populations and benefit structures, and are not uniformly consistent with each other. In consultation with BCBSNC provider advisory groups, BCBSNC adopts the adjustment logic that represents the most commonly encountered clinical scenarios; and is most appropriate for BCBSNC benefit plans, contracts, and marketing demographics.

Policy Statement for Bundling Rules not Addressed in Claim Check relating to Blue Care, Blue Choice, Blue Options, Blue Advantage, and Classic Blue Products

Services considered to be incidental to the primary service rendered are not allowed additional payment. Participating providers cannot balance bill members for these services.

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Anesthesia complicated by emergency conditions (99140) is considered incidental to procedure/administration of anesthesia. Separate reimbursement is not provided for incidental services.

Hospital Mandated On Call Service - Hospital mandated on call service; in hospital, each hour (99026) and hospital mandated on call service; out of hospital, each hour (99027) will be considered incidental to Evaluation and Management services, Surgical services and Laboratory services. Separate reimbursement is not allowed for 99026 and 99027.

Medical Home Program - Medical home program, comprehensive care coordination and planning, initial plan (S0280) and Medical home program, comprehensive care coordination and planning, maintenance of plan (S0281) will be considered incidental to Evaluation and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for S0280 and S0281.

Medical Records Copying Fee - Medical records copying fee, administrative (S9981) and medical records copying, per page (S9982) will be considered incidental to Evaluation and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for S9981 and S9982.

Miscellaneous Services

Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service (99053) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.

Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service (99060) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.

Moderate (Conscious) Sedation

Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time (99143) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.

Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time (99144) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.

Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service) (99145) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.

Monitoring feature/device - Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified (A9279) is considered incidental to all monitoring systems. Separate reimbursement is not allowed for A9279.

Prolonged Evaluation and Management Service

Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; first

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hour (99358) is considered incidental to all evaluation and management services, surgical services and laboratory services. Separate reimbursement is not allowed for 99358.

Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; each additional 30 minutes (List separately in addition to code for prolonged physician service) (99359) is considered incidental to all evaluation and management services, surgical services and laboratory services. Separate reimbursement is not allowed for 99359.

This is consistent with Medicare, which considers these codes to be “Status B” and not eligible for separate payment.

Robotic Surgical Systems- Surgical techniques requiring use of robotics surgical system (S2900) will be considered incidental to surgical services. Payment for new technology is based on the outcome of the treatment rather than the “technology” involved in the procedure. Separate reimbursement is not allowed for the robotic surgical technique.

Urgent Care Services - Additional reimbursement will not be allowed for S9088 - Services provided in an urgent center (list in addition to code for service). This code is considered incidental to the primary service(s) rendered.

Travel Allowance - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled (P9604) will be considered incidental to Evaluation and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for P9604.

Venipuncture and Other Central Venous Access- Venipuncture for collection of specimens will be considered incidental to Evaluation and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for 36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425 and S9529. Other Central Venous Access procedures for collection of blood specimens from a completely implantable venous access device (36591) and collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (36592) will be considered incidental to Evaluation and Management services, Surgical services and Laboratory services.

Policy Guidelines

The guidelines addressed in this policy are not an all-inclusive listing.

This policy only relates to Blue Care, Blue Choice, Blue Options, Blue Advantage, and Classic Blue products.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes:

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical Term Definitions

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Not applicable

Policy Implementation/Update Information

- 6/10/04 Original policy issued.
- 4/07/05 Medical Policy Advisory Group reviewed policy on 03/10/2005. No changes to the policy required.
- 9/15/05 Added Cessation Counseling for Smoking and Tobacco Use.
- 12/15/05 Added Robotic Surgical Systems.
- 02/02/06 Added information regarding anesthesia complicated by emergency conditions.
- 02/16/06 Added information regarding Miscellaneous Services, Moderate (Conscious) Sedation, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions because of new codes effective January 1, 2006.
- 3/30/06 Removed information and editing for Therapeutic, Prophylactic, and Diagnostic Injections and Infusions. System edits removed March 7, 2006.
- 5/8/06 Medical Policy Advisory Group review 3/24/06 including revisions noted above. No additional changes required to policy criteria. Policy number added to the Key Words Section.
- 9/18/06 Removed the following statement from the Miscellaneous Services section: Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service (99051) is considered incidental to Evaluation and Management services, Surgical services, and Laboratory services and separate reimbursement is not allowed.
- 3/26/07 Under the section, "Policy Statement" and "Policy Guidelines" added Blue Advantage. Under the section, "Hospital Mandated On Call Service" added verbiage "each hour" to the further clarify the code 99027 and 99026. Added the following to the "Policy Key Words" section: "Anesthesia Complicated by Emergency Conditions, Cessation Counseling for Smoking and Tobacco Use, Hospital Mandates On Call Service, Medical Records Copying Fee, Conscious Sedation, Robotic Surgical Systems, Travel Allowance and Venipuncture". Under the section, "Venipuncture" removed deleted code G0001. Under the section, "Policy Guidelines" remove the statement "BCBSNC claims systems process only one modifier per CPT code. Medical Policy reviewed by Senior Medical Director of Network Support.
- 08/27/07 Added information regarding Urgent Care Services.
- 01/28/08 Added the following statement, "Other Central Venous Access procedures for collection of blood specimens from a completely implantable venous access device (36591) and collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (36592) will be considered incidental to Evaluation and Management services, Surgical services and Laboratory services." under the section retitled from "Venipuncture" to Venipuncture and Other Central Venous Access". Removed code 36540 that was terminated on 12/31/2007. Removed the section, "Cessation Counseling for Smoking and Tobacco Use" because code G0375 and G0376 were terminated on of 12/31/2007.
- 05/05/08 Removed key words that are no longer related to policy. Policy reviewed 4/4/2008 by Vice President and Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.
- 06/02/08 Added the following statements: Monitoring feature/device - Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified (A9279) is considered incidental to all monitoring systems. Separate reimbursement is not allowed for A9279
- 1/5/10 Added the following statements: Medical Home Program - Medical home program, comprehensive care coordination and planning, initial plan (S0280) and Medical home program,

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comprehensive care coordination and planning, maintenance of plan (S0281) will be considered incidental to Evaluation and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for S0280 and S0281.

3/16/10 Information regarding prolonged care service 99358 and 99359 has been added to the policy.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.