



**ANTHEM BLUE CROSS
SUMMARY OF UPDATED BILLING GUIDELINES**

Background

These coding policies are based on coding conventions as defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, CMS guidelines, analysis of standard medical and surgical practices, as well as a review of current coding practices.

General Coding Guidelines

Physicians must report services correctly. Procedures should be reported using the most comprehensive CPT code that describes the services performed.

Modifiers and Modifier Indicators

The AMA *CPT Manual* defines modifiers that may be appended to HCPCS/CPT codes to provide additional information about the services rendered. Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. It is very important that our providers bill using the appropriate CPT/HCPCS and Modifiers. For example, when billing for separate identifiable services you must bill with the modifiers listed below in order to be eligible for reimbursement.

Modifier -25: Significant, separately identifiable Evaluation/Management by the Same Provider on the Same Date of Service of the Other Procedure or Service.

- May be appended to an evaluation and management (E&M) CPT code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service.
- The E&M service may be related to the same or different diagnosis as the other procedure(s).
- Modifier -25 may be appended to E&M services reported with minor surgical procedures or procedures not covered by global surgery rules. Since minor surgical procedures and global procedures include pre-procedure, intra-procedure, and post-procedure work inherent in the procedure, the provider should not report an E&M service for this work.

Example

Patient is an 11-month old child who is brought into the pediatrician for a routine health check. At the time of the examination, the child is found to have an acute otitis media and is given a prescription for antibiotic medication.

	Incomplete Billing		Complete Billing
Diagnosis	V20.2 (Routine infant or child health check) 382.9 (Otitis media, acute)		V20.2 (Routine infant or child health check) 382.9 (Otitis media, acute)
Code	99213 (Office or their outpatient visit for the E&M of an established patient) 99391 (Periodic comprehensive preventive medicine, age 1 or younger)		99213-25 99391

Note: Anthem Blue Cross commonly sees incomplete coding examples for modifier-25 as indicated above from the following physician specialties: Pediatricians, internists.

Modifier -57: An E&M service that resulted in the initial decision to perform surgery.

- May be appended to E&M services that resulted in the initial decision to perform a surgery.

Example

Initial office visit for 65-year old female who suffered severe ankle trauma in a fall. Patient was found to have a fracture of the left malleoli. Surgical repair and pinning was recommended.

	Incomplete Billing		Complete Billing
Diagnosis	824.8 (Fracture of ankle, unspecified, closed)		824.8 (Fracture of ankle, unspecified, closed)
Code	99204 Office or other outpatient visit for the E&M of a new patient 27814 Open treatment of bimalleolar ankle fracture (e.g. lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed.		99204-57 27814

Note: Anthem Blue Cross commonly sees incomplete coding examples for modifier-59 as indicated above from the following specialties: Physical Therapy, Chiropractic and Acupuncture.

Modifier -59: Distinct procedural service.

- Primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters.
- Used to identify services that are not normally reported together, but are appropriate under the circumstances.
- This may represent a different patient encounter, procedure, organ system, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.

Example

A 40-year old male complaining of severe low back pain and neck pain was examined and treated.

	Incomplete Billing		Complete Billing
Diagnosis	724.2 (Lumbago) 723.1 (Spinal stenosis in cervical region)		724.2 (Lumbago) 723.1 1 (Spinal stenosis in cervical region)
Code	97140 Manual therapy techniques (eg, obilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes. 97002 Physical therapy evaluation		97140-59 97002

Note: Anthem Blue Cross commonly sees incomplete coding examples for modifier-59 as indicated above from the following specialties: Physical Therapy, Chiropractic and Acupuncture.

Incidental/Integral Services

An incidental/integral procedure is performed at the same time as a more complex primary procedure.

Example

The patient is seen for treatment of premalignant lesions.

	Incomplete Billing		Complete Billing
Diagnosis	216.6 (Benign neoplasm of skin of upper limb, including shoulder)		216.6 (Benign neoplasm of skin of upper limb, including shoulder)
Code	17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions 17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion		17004

Note: Anthem Blue Cross commonly sees incomplete coding examples for incidental edits as indicated above from dermatologists.

Mutually Exclusive

A mutually exclusive edit identifies combinations of procedures that differ in technique or approach but lead to the same outcome.

Example

Patient is seen in the office abdominal pain and swelling.

	Incomplete Billing		Complete Billing
Diagnosis	682.2 (Abscess of abdominal wall) 789.0 (Abdominal pain)		682.2 (Abscess of abdominal wall) 789.0 (Abdominal pain)
Code	76705 Ultrasound abdominal, real time with image documentation; limited (e g, single organ, quadrant, follow up) 75989 Radiological guidance (eg, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter radiological supervision and interpretation.		76705-59 75989

Note: Anthem Blue Cross commonly sees incomplete coding examples for mutually exclusive edits as indicated above from the following specialties: Radiologists and primary care physicians.

Visit Edits

A visit edit identifies the separate reporting of Evaluation and Management (E/M) services when a substantial diagnostic, therapeutic procedure or surgery is performed on the same day.

Example

Patient is seen for examination and treatment following injury to his shoulder.

	Incomplete Billing		Complete Billing
Diagnosis	716.11		716.11
Code	<p>99214 Office or other outpatient visit for the E&M of an established patient— moderate complexity</p> <p>29826 Arthroscopy, shoulder, surgical with decompression of subacromial space with partial acromioplasty, with or without coracoacromial release</p>		<p>99214-57</p> <p>29826</p>

Note: Anthem Blue Cross commonly sees incomplete coding examples for visit edits as indicated above from Orthopedists.

Multiple Unit Edits / Medically Unlikely Edits (MUEs)

Medically Unlikely Edits (MUEs) are the maximum number of units of service under most circumstances allowable by the same provider for the same beneficiary on the same date of service.

Example

The patient is undergoing an MRI for the evaluation of a subdural hematoma.

	Incomplete Billing		Complete Billing
Diagnosis	852.2 (Subdural hemorrhage following injury without mention of open ntracrania wound)		852.2 (Subdural hemorrhage following injury without mention of open ntracrania wound)
Code	70553 @ 4 units MRI (eg, proton), brain, (including brain stem); without contrast material followed by with contrast material(s) and further sequences		70553 @ 1 unit

Note: Anthem Blue Cross commonly sees incomplete coding examples for multiple unit edits as indicated above from Neurosurgeons and Radiologists.