

Chapter I

General Rebundling Policies

A. Introduction

The Physicians' Current Procedural Terminology (CPT-4) developed by the American Medical Association is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The codes are updated annually by the CPT-4 Editorial Panel based on input from the AMA Advisory Committee which serves as a channel for requests from various providers and specialty societies. The purpose of the coding system and annual update is to communicate specific services rendered by physicians, usually for the purpose of claim submission to third party (insurance) carriers. A multitude of codes are necessary because of the wide spectrum of services provided by various medical care providers. Because many medical services can be rendered by different methods and combinations of various procedures, multiple codes describing similar services are frequently necessary to accurately reflect what service a physician performs. While often only one procedure is performed at a patient encounter, multiple procedures are performed at the same session at other times. In the latter case, the pre-procedure and post-procedure work does not have to be repeated and, therefore, a comprehensive code, describing the multiple services commonly performed together, can be defined.

Third party payers have adopted the CPT-4 coding system for use by providers to communicate reimbursable services. It therefore becomes more important to identify the various potential combinations of services to accurately adjudicate claims. The following policies encompass general issues/coding principles that are to be applied in all subsequent chapters. Specific examples are stated to clarify the policy but do not represent the only code or service that is included in the policy.

B. Coding Based on Standards of Medical/Surgical Practice

In order for this system to be effective, it is essential that the coding description accurately describe what actually transpired at the patient encounter. Because many physician activities are so

integral to a procedure, it is impractical and unnecessary to list every event, common to all procedures of a similar nature, as part of the narrative description for a code. Many of these common activities reflect simply normal principles of medical/surgical care. These "generic" activities are assumed to be included as acceptable medical/surgical practice and, while they could be performed separately, they should not be considered as such when a code narrative is defined. Accordingly, all services integral to accomplishing a procedure will be considered bundled into that procedure and, therefore will be considered a component & part of the comprehensive code.

Many of these generic activities are common to virtually all procedures and, on other occasions, some are integral to only a certain group of procedures but are still essential to accomplish these particular procedures. Accordingly, it would be inappropriate to separately code these services based on standard medical and surgical principles.

Some examples of generic services integral to standard medical/surgical services would include:

- Cleansing, shaving and prepping of skin
- Draping of patient; positioning of patient
- Insertion of intravenous access for medication
- Sedative administration by the physician performing the procedure (see Chapter II, Anesthesia section, for the separate policy)
- Local, topical or regional anesthetic by physician performing procedure
- Surgical approach, including identification of anatomical landmarks, incision, evaluation of the surgical field, simple debridement of traumatized tissue, lysis of simple adhesions, isolation of neurovascular, muscular (including stimulation for identification), bony or other structures limiting access to surgical field.
- Surgical cultures
- Wound irrigation
- Insertion and removal of drains, suction devices, dressings, pumps into same site
- Surgical closure

- Application, management, and removal of post-operative dressings including analgesic devices (peri-incisional TENS unit, institution of Patient Controlled Analgesia)
- Pre-operative, intra-operative and post-operative documentation, including photographs, drawings, dictation, transcription.
- Surgical supplies, unless excepted by existing HCFA policy.

In the case of individual services, there are numerous specific services that may typically be involved in order to accomplish a comprehensive procedure. Generally, performance of these services represents the standard of practice for a more comprehensive procedure and the services are therefore to be bundled together.

Because many of these services are unique to individual CPT-4 coding sections, the rationale for rebundling will be described in that particular section. The principle of the policy to include these services into the comprehensive procedure remains the same as the principle applied to the generic service list noted above. Specifically, these principles include:

1. The service represents the standard of care in accomplishing the overall procedure.
2. The service is necessary to successfully accomplish the comprehensive procedure; failure to perform the service may compromise the success of the procedure.
3. The service does not represent a separately identifiable procedure unrelated to the comprehensive procedure planned.

Specific examples include:

Medical:

1. Procurement of a rhythm strip in conjunction with an electrocardiogram. The rhythm strip would not be separately billed.
2. Procurement of upper extremity (brachial) doppler study in addition to lower extremity doppler study in order to obtain an

"ankle-brachial index" (ABI). The upper extremity doppler would not be separately billed.

3. Procurement of an electrocardiogram as part of a cardiac stress test. The electrocardiogram would not be separately billed.

Surgical:

1. Removal of a cerumen impaction prior to myringotomy. The cerumen impaction is precluding access to the tympanic membrane and its removal is necessary for the successful completion of the myringotomy.

2. Performance of a bronchoscopy prior to a thoracotomy and lobectomy. Assuming that a diagnostic bronchoscopy has already been performed for diagnosis and biopsy and the surgeon is simply evaluating for anatomic assessment for sleeve or more complex resection, the bronchoscopy would not be separately billed. Essentially, this "scout" endoscopy represents a part of the assessment of the surgical field to establish anatomical landmarks, extent of disease, etc.

3. Lysis of adhesions and exploratory laparotomy billed with colon resection or other abdominal surgery. These procedures represent gaining access to the organ in question and are not separately billed.

C. Medical/Surgical Package

As a result of the variety of surgical, diagnostic and therapeutic non-surgical procedures commonly performed in medical practice, the extent of the CPT-4 manual has grown. The need of precise definitions for the various combinations of services is further warranted because of the dependence of providers on CPT-4 coding for billing to third party payers. When a Resource Based Relative Value System (RBRVS) is used in conjunction with CPT-4 coding, the necessity for accurate coding is amplified.

In general, most services have pre-procedure and post-procedure work associated with them; when performed at a single patient encounter, the pre-procedure and post-procedure work is relatively

fixed regardless of the number of services actually performed at that session. Additionally, the nature of the pre-procedure and post-procedure work is reasonably consistent across the spectrum of procedures.

In keeping with the policy that the work typically associated with a standard surgical or medical service is included in the CPT-4 manual code description of the service, some general guidelines can be developed. With few exceptions these guidelines transcend a majority of CPT-4 descriptions, irrespective of whether the service is limited or comprehensive.

1. A majority of invasive procedures require the availability of vascular and/or airway access; accordingly, the work associated with obtaining this access is included in the pre-procedure services and returning a patient to the appropriate post-procedure state is included in the procedural services. Intravenous access, intra-arterial access, airway access (e.g., HCPCS/CPT-4 codes 36000, 36140, 36400, 36410, G0001) are frequently necessary; accordingly, CPT-4 codes describing these services are not separately billed when performed in conjunction with a more comprehensive procedure. Airway access is associated with general anesthesia, and no CPT-4 code is available for elective intubation. The CPT-4 code 31500 is not to be billed for elective intubation in anticipation of performing a procedure as this represents a code for providing the service of emergency intubation. Furthermore, CPT-4 codes describing services to gain visualization of the airway (nasal endoscopy, laryngoscopy, bronchoscopy) were created for the purpose of coding a diagnostic or therapeutic service and are not to be billed as a part of intubation services.

When vascular access is obtained, the access generally requires maintenance of an infusion or use of an anticoagulant injection (heparin lock) (e.g. CPT-4 codes 90780 - 90784). These services are necessary for the maintenance of the access and are not to be separately billed. Additionally, use of an anticoagulant for access maintenance cannot be separately billed (e.g. CPT-4 code 37201).

In some situations, more invasive access services (central venous access, pulmonary artery access) are inevitably performed with a specific type of procedure. Because this is not typically the case, the codes referable to these services may be separately billed.

Placement of central access devices (central lines, pulmonary artery catheters, etc.) involve passage of catheters through central vessels and, in the case of PA catheters, through the right ventricle; additionally, these services often require the use of fluoroscopic support. Separate billing of CPT-4 codes for right heart catheterization, first order venous catheter placement or other services which represent a separate procedure, is not appropriate when the CPT-4 code that describes the access service is billed. General fluoroscopic services necessary to accomplish routine central vascular access cannot be separately billed unless a specific CPT-4 code has been defined for this service (e.g. CPT-4 code 71038).

2. When anesthesia is provided by the physician performing the primary service, the anesthesia services are included in the primary procedure (HCFA Global Surgery Policy). If it is medically necessary for a separate provider (anesthesiologist/anesthetist) to provide the anesthesia services (e.g. monitored anesthesia care), a separate service may be billed.

3. Most procedures require cardiopulmonary monitoring, either by the physician performing the procedure or an anesthesiologist/anesthetist. Because these services are integral and routine, they are not to be separately billed. This may include cardiac monitoring, intermittent EKG procurement, oximetry or ventilation management (e.g. CPT-4 codes 93000, 93005, 93040, 93041, 94656, 94760, 94761, 94770). These services, when integral to the monitoring service, are not to be separately billed.

4. When, in the course of a procedure, samples of blood are obtained for analysis (e.g. electrolyte determination, blood gas determination, end-tidal CO₂), a separate service for sample procurement cannot be billed. When a laboratory service is provided, a significant, separately identifiable service is performed, and may be separately billed.

5. When, in the course of a procedure, a biopsy is obtained and subsequently excision, removal, destruction or other elimination of the biopsied lesion is accomplished, a separate service cannot be billed for the biopsy as this represents part of the removal. When similar lesions are biopsied, only one biopsy service should be billed. On the other hand, if a distinct or different lesion is identified, a biopsy service may be separately billed with the "DS"

modifier, indicating a different service was performed or a different site was biopsied (see section E part 3 of Chapter 1 for definition of the "DS" modifier). The medical record (e.g., operative report) should indicate the distinct nature of this service. If separate biopsy services are performed on separate lesions, and it is felt to be medically necessary to submit separate pathologic specimens, the medical record should identify the precise location of each biopsy site.

6. In the performance of a surgical procedure, it is routine to explore the surgical field to determine the anatomic nature of the field and evaluate for anomalies. Accordingly, codes describing exploratory procedures (e.g., CPT-4 code 49000 cannot be separately billed). If a finding requires extension of the surgical field and it is followed by another procedure unrelated to the primary procedure, this service may be separately billed using the appropriate CPT-4 code and modifiers.

7. When a definitive surgical procedure requires access through abnormal tissue (e.g., diseased skin, abscess, hematoma, seroma, etc.), separate services for this access (e.g., debridement, incision and drainage) are not billed. For example, if a patient presents with a pilonidal cyst and it is determined that it is medically necessary to excise this cyst, it would be appropriate to submit a bill for CPT-4 code 11770 (excision of pilonidal cyst); it would not, however, be appropriate to also bill for CPT-4 code 10080 (incision and drainage of pilonidal cyst), as it was necessary to perform the latter to accomplish the primary procedure.

8. When an excision and removal is performed ("-ectomy" code), the approach generally involves incision and opening of the organ ("-otomy" code). The incision and opening of the organ or lesion cannot be separately billed when the primary service is the removal of the organ or lesion.

9. There are frequently multiple approaches to various procedures, and are often clusters of CPT-4 codes describing the various approaches (e.g. vaginal hysterectomy as opposed to abdominal hysterectomy). These approaches are generally mutually exclusive of one another and, therefore, not to be billed together for a given encounter. Only the definitive, or most comprehensive, service performed can be billed. Endoscopic procedures are often

performed as a prelude to, or as a part of, open surgical procedures. When an endoscopy represents a distinct diagnostic service prior to an open surgical service and the decision to perform surgery is made on the basis of the endoscopy, a separate service for the endoscopy may be billed.

10. When an endoscopic service is performed to establish the location of a lesion, confirm the presence of a lesion, establish anatomic landmarks, or define the extent of a lesion, the endoscopic service is not separately billed as it is a medically necessary part of the overall surgical service. Additionally, when an endoscopic service is attempted and fails and another surgical service is necessary, only the successful service is billed. For example, if a laparoscopic cholecystectomy is attempted and fails and an open cholecystectomy is performed, only the open cholecystectomy can be billed.

11. A number of CPT-4 codes describe services necessary to address the treatment of complications of the primary procedure (e.g., bleeding or hemorrhage). When the services described by CPT-4 codes as complications of a primary procedure require a return to the operating room, they may be billed separately; generally, due to global surgery policy, they should be billed with the "78" modifier indicating that the service necessary to treat the complication required a return to the operating room during the postoperative period. When a complication described by codes defining complications arises during an operative session, however, a separate service for treating the complication is not to be billed. An operative session ends upon release from the post-anesthesia recovery area.

D. Coding Services Supplemental to a Principal Procedure (Add-on Codes)

The CPT-4 coding system identifies certain codes which are to be submitted in addition to other codes. Generally, these are identified with the statement "list separately in addition to code for primary procedure" in parentheses and other times the supplemental code is to be used only with certain primary codes which are parenthetically identified. The basis for these CPT-4 codes is to enable providers to separately identify a service that is performed in certain situations as an additional service.

Supplemental codes frequently specify codes or ranges of codes with which they are to be used. It would be inappropriate to use these with codes other than those specified.

On occasion, a procedure described by a CPT-4 code is modified or enhanced, either due to the unique nature of the clinical situation or due to advances in technology since the code was first published. When CPT-4 codes are not labeled as supplemental codes in the manner described above, they are not to be billed unless the actual procedure is, in fact, performed. Using non-supplemental codes that approximate part of a more comprehensive procedure but do not describe a separately identifiable service is not appropriate.

Example: If, in the course of interpreting an echocardiogram, an ejection fraction is estimated, it would be inappropriate to code a cardiac blood pool imaging with ejection fraction determination (CPT-4 code 78472) in addition to an echocardiography code (CPT-4 code 93307.) Although the cardiac blood pool imaging does determine an ejection fraction, it does so by nuclear gating techniques which are not used in an echocardiogram.

In other cases codes are interpreted as being supplemental to a primary code without an explicit statement in CPT-4 manual that the code is supplemental. Unless the code is explicitly identified in such a fashion, it would be improper as a coding convention to submit a primary procedure code as a supplemental code.

E. Modifiers

In order to expand the information provided by CPT-4 codes, a number of modifiers have been created by the AMA, HCFA, and local Medicare carriers. These modifiers, in the form of two digits, either numbers, letters, or a combination of each, are intended to transfer specific information regarding a certain procedure or service. Modifiers are attached to the end of a HCPCS/CPT-4 code and give the physician a mechanism to indicate that a service or procedure has been modified by some circumstance but is still described in the code definition.

Like CPT-4 codes, the use of modifiers (either AMA, HCFA or locally-defined modifiers) requires explicit understanding of the purpose of each modifier. It is also important to identify when

the purpose of a modifier has been expanded or restricted by a third party payer. It is essential to understand the specific meaning of the modifier by the payer to which a claim is being submitted before using it.

1. The "22" modifier is identified in the CPT-4 manual as unusual procedural services. By definition, this modifier would be used in unusual circumstances; routine use of the modifier is inappropriate as this practice would suggest cases routinely have unusual circumstances. When an unusual or extensive service is provided it is more appropriate to employ the "22" modifier than to bill a separate code that does not accurately describe the service provided.

2. A new modifier, referred to in this policy as the "DS" modifier, is being proposed to be used when several procedures are performed on different anatomical sites, on different sides of the body, or at different sessions (on the same day). When these services are billed, there will be the appearance that the procedures were performed on a patient by the same physician on the same day, which may give the appearance of "unbundling," when, in fact, the services were performed under circumstances which did not involve this practice at all. Because carriers cannot identify this based simply on CPT-4 coding on either electronic or paper claims, it is proposed that this modifier be established to permit claims of such a nature to bypass rebundling edits if the modifier is present. The proposed modifier, which is used throughout this document, is referred to as the "DS" modifier. It indicates that the procedure represents a "distinct procedure or service from others billed on the same date of service." This may represent a different session, different surgery, different site, different lesion, different injury or area of injury (in extensive injuries). Frequently, another, already established, modifier has been defined that describes this situation more specifically; in the event that a more descriptive modifier is available, it should be used in preference to the "DS" modifier.

Example: If a patient requires placement of a flow directed pulmonary artery catheter for hemodynamic monitoring via the subclavian vein, it would be appropriate to submit the CPT-4 code 93503 (Insertion and placement of flow directed catheter, e.g., Swan-Ganz for monitoring purposes) for the service. If, later in the day, the catheter must be removed and a central venous catheter

is inserted through the femoral vein, the appropriate code for this service would be CPT-4 code 36010 (Introduction of catheter, superior or inferior vena cava). Because the PA catheter requires passage through the vena cava, it may appear that the service for the PA catheter was being "unbundled" if both services were billed on the same day. Accordingly, the central venous catheter code should be billed with the "DS" modifier (CPT-4 code 36010-DS) indicating that this catheter was placed in a different site as a different service on the same day.

Other examples of the appropriate use of the "DS" modifier are contained in the individual chapter policies.

F. Excluded Services

Because some procedures are identified as excluded from coverage under the Medicare program as "excluded services," there is no need to address the issue of rebundling with these codes. A list of CPT-4 codes which represent status N codes on the Medicare Fee Schedule Data Base has been included. In the development of National Rebundling Policy and Rebundling Edits, these excluded services have been ignored.

CURRENT EXCLUDED SERVICES

11975	11977	48160	48550	48554	55970
55980	58300	65760	65765	65767	65771
69090	69710	75556	78351	78608	78609
88000	88005	88007	88012	88014	88016
88020	88025	88027	88028	88029	88036
88037	88040	88045	88099	90725	90882
92015	92310	92314	92340	92341	92342
92370	92390	92391	92551	92559	92560
92590	92591	92592	92593	92594	92595
93760	93762	93784	93786	93788	93790
99075	99381	99382	99383	99384	99385
99386	99387	99391	99392	99393	99394
99395	99396	99397	99401	99402	99403
99404	99411	99412	99420	99429	99450
A0888	A4210	A4260	A4490	A4495	A4500
A4510	A4554	A4670	A4890	A9160	A9170
A9190	A9270	A9300	J3520	J3570	J6015

J7140	J7150	M0075	M0076	M0100	M0300
M0301	M0302	P2031	V2025	V5008	V5010
V5011	V5014	V5020	V5030	V5040	V5050
V5060	V5070	V5080	V5090	V5100	V5110
V5120	V5130	V5140	V5150	V5160	V5170
V5180	V5190	V5200	V5210	V5220	V5230
V5240	V5336				

G. CPT-4 Procedure Code Definition

The format of the CPT-4 manual includes descriptions of procedures which are, in order to conserve space, not listed in their entirety for all procedures. The partial description is indented under the main entry, and constitutes what is always followed by a semicolon in the main entry. The main entry then encompasses the portion of the description preceding the semicolon. The main entry applies to and is a part of all indented entries which follow with their codes. An example is:

70120	Radiologic examination, mastoids; less than three views per side
70130	Complete, minimum of three views per side.

The common portion of the description is "radiologic examination, mastoids" and this description is considered a part of both codes. The distinguishing part of each of these codes is that which follows the semicolon.

In the course of other procedure descriptions, the code definition specifies other procedures that are included in this comprehensive code. CPT-4 procedure code 29855 is an example of this. By stating in the code description that the code includes arthroscopy, it follows that any knee arthroscopy codes (CPT-4 codes 29871-29898) cannot be billed with CPT-4 code 29855.

In addition, a code description may define a rebundling relationship where one code is a part of another based on the language used in the descriptor. Some examples of this type of rebundling by code definition are:

1. "Partial" and "complete" CPT-4 codes are billed. The partial procedure is bundled into the complete procedure.

2. "Partial" and "total" CPT-4 codes are billed. The partial procedure is bundled into the total procedure.

3. "Unilateral" and "bilateral" CPT-4 codes are billed. The unilateral procedure is bundled into the bilateral procedure.

4. "Single" and "multiple" CPT codes are billed. The single procedure is bundled into the multiple procedure.

H. CPT-4 Coding Manual Instruction/Guideline

Each of the six major sections of the CPT-4 manual and several of the major subsections include guidelines that are unique to that section. These directions are not all inclusive of nor limited to, definitions of terms, modifiers, unlisted procedures or services, special or written reports, details about reporting separate, multiple or starred procedures and qualifying circumstances. These instructions appear in various places and are found at the beginning of each major section, at the beginning of sub-sections, and before or after a series of codes or individual codes. They define items or provide explanations that are necessary to appropriately interpret and report the procedures or services and to define terms that apply to a particular section. Notations are made in parentheses when CPT-4 codes are deleted or cross-referenced to another similar code so that the provider has better guidance in the appropriate assignment of a CPT-4 code for the service.

I. Separate Procedure

The narrative for many CPT-4 codes includes a parenthetical statement that the procedure represents a "separate procedure". The inclusion of this statement indicates that the procedure, while possible to perform separately, is generally included in a more comprehensive procedure and the service is not to be billed when a related, more comprehensive, service is performed. The "separate procedure" designation is used with codes in the surgery (CPT-4 codes 10000-69999), radiology (CPT-4 codes 70000-79999) and medicine (CPT-4 codes 90000-99199) sections. When a related procedure from the same section, subsection, category or subcategory is performed, a code with the designation of "separate procedure" is not to be billed with the primary procedure. Each separate procedure performed with a service from the same numerical

section should not be billed (e.g., 11100 with 10000 codes, 20650 with 20000 codes, etc.)

For example, if the code identified as a "separate procedure" is billed with a code from the same numerical section, such as when an excision of a flexor tendon of the finger (CPT-4 code 26180 is billed with another surgery code from the 20000 section, then the excision of the tendon (separate procedure) should not be billed. By definition the "separate procedure" is commonly performed as integral and part of a larger service and usually represents a procedure that the physician performs through the same incision or orifice, at the same site, or using the same approach.

In the case where a separate procedure is performed on the same day but at a different session, or different site, this code may be billed with a more comprehensive service but the "DS" modifier should be included indicating that this service was, in fact, a separate service.

In other sections of the CPT-4 manual, the word "separate" is used with a term defined as "separate or multiple procedures" with a different meaning.

The following list contains the codes of the procedures in the 1994 and 1995 CPT-4 manual currently designated as "separate procedures."

Separate Procedures

11100	11101	11755	19100	20500	20650
20660	20670	21050	21060	21070	21100
21280	21440	21445	21610	21750	24006
24340	25230	25250	26170	26180	26500
26502	26504	27000	27005	27006	27090
27140	27161	27306	27307	27605	27606
27685	28060	28062	28110	28230	28232
28250	28260	28270	28272	28310	28315
29800	29815	29830	29840	29870	29875
29884	30801	30802	31231	31237	31505
31510	31511	31512	31513	31595	31600
31601	31700	31720	31725	32002	32020
32220	32225	32310	32601	32602	32603
32604	32605	32606	33210	33211	33800

36410	36620	36625	36800	36810	36815
36821	36822	36825	36830	36832	36834
36835	36860	36861	37780	38100	38101
38500	38530	38562	38564	38760	38765
38770	38780	42870	43200	43234	43235
43260	43830	43831	43848	44005	44130
44300	44310	44312	44314	44316	44320
44322	44340	44345	44346	44360	44376
44380	44385	44388	44500	44680	44820
44850	45300	45330	45378	45560	45900
45905	45910	45915	46040	46080	46211
46220	46600	46940	46942	47460	47480
47552	47900	49000	49010	49250	49255
49400	49570	50020	50100	50340	50600
50650	50900	51045	51520	51525	51570
51880	52000	52310	52315	52500	53000
53010	53020	53025	53080	53230	53235
53520	54000	54001	54100	54500	54505
54620	54660	55200	55250	55450	55500
55520	55530	56300	56350	56605	56606
56810	57020	57100	57180	57268	57270
57415	57452	57500	57530	57800	58100
58140	58145	58400	58605	58700	58720
58800	58805	58900	58974	59050	59051
59160	59200	59414	59430	60520	60521
60522	60540	60545	61050	61210	61440
61535	62288	62289	62298	63610	64508
65125	65800	65805	65810	65815	65860
65865	65870	65875	65880	66020	66030
66500	66505	66625	66630	66635	66682
66825	67025	67028	67250	67255	67343
67500	67715	68360	68770	69210	69310
69670	69700	76000	78110	78111	78120
78121	91000	91055	92020	92060	92100
92325	92504	92511	93561	94150	94250
94690	94762	95829	95831	95832	95833
95834	95851	95852	97260	97261	99195
99401	99402	99403	99404	99411	99412
G0002					

J. Designation of Sex

Many procedure codes have a sex designation within their narrative. These codes are not billed with one another because this would reflect a conflict in sex classification either by the definition of the code descriptions themselves (as they appear in the CPT-4 manual) or by the fact that the performance of these procedures on the same beneficiary would be anatomically impossible.

The obvious sections that this pertains to are the male and female genital procedures. Other codes indicate in their definition that a particular sex is required for the use of that particular code. An example of this situation would be CPT-4 code 53210 for total urethrectomy including cystostomy in a female as opposed to CPT-4 code 53215 for the male. Both of these procedures are not to be billed together. Some other examples of these code pairs are: 52275-52270, 53210-53250, 57260 and A4327-A4326.

K. Family of Codes

In a family of codes, there are two or more component codes that are not billed separately because they are included in a more comprehensive code as members of the code family. Comprehensive codes include certain services that are separately identifiable by other component codes. The component codes as members of the comprehensive code family represent parts of the procedure that should not be listed separately when the complete procedure is done. However, the component codes are considered individually if performed independently of the complete procedure and if not all the services listed in the comprehensive codes were rendered to make up the total service. A list of examples of code families is included although this does not reflect a total listing of all possible code families as defined in the CPT-4 manual.

FAMILY OF CODES

Comprehensive		Component Code Combination
19162	=	19160 + 38740
19162	=	19160 + 38745
19200	=	19180 + 38740
19200	=	19180 + 38745
33208	=	33206 + 33207
33249	=	33240 + 33247
33246	=	33240 + 33245

33647	=	33641 + 33681
33647	=	33660 + 33681
33647	=	33665 + 33681
34451	=	34401 + 34421
42820	=	42825 + 42830
42821	=	42825 + 42830
42821	=	42826 + 42831
42821	=	42826 + 42836
43639	=	43800 + 43638
51595	=	51570 + 38770
51585	=	51580 + 38770
51575	=	51570 + 38770
52337	=	50590 + 52336
58210	=	58720 + 58940 + 58700 + 38770
70470	=	70450 + 70460
70482	=	70480 + 70481
70488	=	70486 + 70487
70492	=	70490 + 70491
70553	=	70551 + 70552
71270	=	71250 + 71260
72127	=	72125 + 72126
72130	=	72128 + 72129
72133	=	72131 + 72132
72156	=	72141 + 72142
72157	=	72146 + 72147
72158	=	72148 + 72149
72194	=	72192 + 72193
73202	=	73200 + 73201
73702	=	73700 + 73701
73630	=	73650 + 73660
74170	=	74150 + 74160
74241	=	74000 + 74240
74247	=	74000 + 74246
74330	=	74328 + 74329
74450	=	74420 + 74430
75650	=	75665 + 75676
75650	=	75671 + 75680
75630	=	75625 + 75716
76355	=	76095 + 76360
76355	=	76095 + 76365
78006	=	78010 + 78000
78007	=	78010 + 78001
78215	=	78185 + 78201

78216	=	78185 + 78202
88107	=	88104 + 88106
93526	=	93501 + 93510
93526	=	93501 + 93511
93528	=	93501 + 93514

L. Most Extensive Procedure

When procedures are performed together that are basically the same or performed on the same site but are qualified by an increased level of complexity, the less extensive procedure is bundled into the more extensive procedure. In the following situations, the procedure viewed as the most complex would be billed:

- 1) "Simple" and "complex" CPT-4 codes billed; the simple procedure is bundled into the complex procedure.
- 2) "Limited" and "complete" CPT-4 codes billed; the limited procedure is bundled into the complete procedure.
- 3) "Simple" and "complicated" CPT-4 codes billed; the simple procedure is bundled into the complicated procedure.
- 4) "Superficial" and "deep" CPT-4 codes billed; the superficial procedure is bundled into the deep procedure.
- 5) "Intermediate" and "comprehensive" CPT-4 codes billed; the intermediate procedure is bundled into the comprehensive procedure.
- 6) "Incomplete" and "complete" CPT-4 codes billed; the incomplete procedure is bundled into the complete procedure.
- 7) "External" and "internal" CPT-4 codes billed; the external procedure is bundled into the internal procedure.

M. Mutually Exclusive

There are numerous procedure codes that are not to be billed together because they are mutually exclusive of each other. Mutually exclusive codes are those codes that cannot reasonably be done in the same session. An example of this would be the CPT-4

codes 13100 and 13101 for the complex repair of the trunk. If multiple wounds are repaired of the trunk in the same repair classification, the length of the repairs is totalled. The complex repair cannot be measured and billed in the range of 1.1 centimeters to 2.5 centimeters and also 2.6 centimeters to 7.5 centimeters. The total length of the repair would determine the proper code assignment between CPT-4 codes 13100 and 13101. Another example of a mutually exclusive situation is when the repair of the organ can be performed by two different methods. One repair method must be chosen to repair the organ and must be billed. A third example is the billing of an "initial" service and a "subsequent" service. It is contradictory for a service to be classified as an initial and a subsequent service at the same time.

CPT-4 codes which are mutually exclusive of one another based either on the CPT-4 definition or the medical impossibility/improbability that the procedures could be performed at the same session can be identified as code pairs. These codes are not necessarily linked to one another with one code narrative describing a more comprehensive procedure compared to the component code, but can be identified as code pairs which should not be billed together. In order to identify these code pairs, an independent table of mutually exclusive code pairs has been developed as part of the policy. This table follows the traditional table of comprehensive and component codes without the designation of "comprehensive" and "component."

MUTUALLY EXCLUSIVE CODE PAIRS

<u>CODE A</u>	<u>CODE B</u>
10061	20000
10140	10160
10160	10060
10160	10061
11000	11040
11000	11041
11000	11050
11000	11051
11000	11052
11001	11050
11001	11051
11001	11052
11040	11050
11040	11051
11040	11052
11041	11050
11041	11051
11041	11052
11042	11050
11042	11051
11042	11052
11043	11050
11043	11051
11043	11052
11044	11050
11044	11051
11044	11052
11051	11050
11052	11050
11052	11051
11052	17105
11200	11300
11200	11301
11200	11302
11200	11303
11200	11305
11200	11306
11200	11307
11200	11308
11200	11310
11200	11311
11200	11312
11200	11313

<u>CODE A</u>	<u>CODE B</u>
11200	17000
11200	17001
11200	17002
11200	17010
11200	17100
11200	17101
11200	17102
11200	17104
11200	17105
11200	17200
11201	11300
11201	11301
11201	11302
11201	11303
11201	11305
11201	11306
11201	11307
11201	11308
11201	11310
11201	11311
11201	11312
11201	11313
11201	17000
11201	17001
11201	17002
11201	17010
11201	17100
11201	17101
11201	17102
11201	17104
11201	17105
11400	10060
11400	10061
11400	11200
11400	11201
11400	17000
11400	17001
11400	17002
11400	17100
11400	17101
11400	17102
11400	17105
11401	10060
11401	10061
11401	11200

<u>CODE A</u>	<u>CODE B</u>
11401	11201
11401	17000
11401	17001
11401	17002
11401	17010
11401	17100
11401	17101
11401	17102
11401	17105
11402	10060
11402	10061
11402	11200
11402	11201
11402	17000
11402	17001
11402	17002
11402	17010
11402	17100
11402	17101
11402	17102
11402	17105
11403	10060
11403	10061
11403	11200
11403	11201
11403	17000
11403	17001
11403	17002
11403	17010
11403	17100
11403	17101
11403	17102
11403	17105
11404	10060
11404	10061
11404	11200
11404	11201
11404	17000
11404	17001
11404	17002
11404	17010
11404	17100
11404	17101
11404	17102
11404	17104

<u>CODE A</u>	<u>CODE B</u>
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11404	17105
11406	10060
11406	10061
11406	11200
11406	11201
11406	17000
11406	17001
11406	17002
11406	17010
11406	17100
11406	17101
11406	17102
11406	17104
11406	17105
11420	10060
11420	10061
11420	11200
11420	11201
11420	17000
11420	17001
11420	17002
11420	17010
11420	17100
11420	17101
11420	17102
11420	17105
11421	10060
11421	10061
11421	11200
11421	11201
11421	17000
11421	17001
11421	17002
11421	17010
11421	17100
11421	17101
11421	17102
11421	17105
11422	10060
11422	10061
11422	11200
11422	11201
11422	17000
11422	17001
11422	17002

<u>CODE A</u>	<u>CODE B</u>
11422	17010
11422	17100
11422	17101
11422	17102
11422	17105
11423	10060
11423	10061
11423	11200
11423	11201
11423	17000
11423	17001
11423	17002
11423	17010
11423	17100
11423	17101
11423	17102
11423	17104
11423	17105
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11424	10061
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11424	11201
11424	17000
11424	17001
11424	17002
11424	17010
11424	17100
11424	17101
11424	17102
11424	17104
11424	17105
11426	10060
11426	10061
11426	11200
11426	11201
11426	17000
11426	17001
11426	17002
11426	17010
11426	17100
11426	17101
11426	17102
11426	17104
11426	17105
11440	10060

<u>CODE A</u>	<u>CODE B</u>
11440	10061
11440	11200
11440	11201
11440	17000
11440	17001
11440	17002
11440	17010
11440	17100
11440	17101
11440	17102
11440	17105
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11441	10061
11441	11200
11441	11201
11441	17000
11441	17001
11441	17002
11441	17010
11441	17100
11441	17101
11441	17102
11441	17105
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11442	17002
11442	17010
11442	17100
11442	17101
11442	17102
11442	17105
11443	10060
11443	10061
11443	11200
11443	11201
11443	17000
11443	17001
11443	17002
11443	17010
11443	17100
11443	17101

<u>CODE A</u>	<u>CODE B</u>
11443	17102
11443	17104
11443	17105
11444	10060
11444	10061
11444	11200
11444	11201
11444	17000
11444	17001
11444	17002
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11444	17102
11444	17104
11444	17105
11446	10060
11446	10061
11446	11200
11446	11201
11446	17000
11446	17001
11446	17002
11446	17010
11446	17100
11446	17101
11446	17102
11446	17104
11446	17105
11450	10060
11450	10061
11450	11200
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11450	17001
11450	17002
11450	17010
11450	17100
11450	17101
11450	17102
11450	17104
11450	17105
11451	10060
11451	10061
11451	11200

CODE ACODE B

11451	11201
11451	17000
11451	17001
11451	17002
11451	17010
11451	17100
11451	17101
11451	17102
11451	17104
11451	17105
11462	10060
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11462	17002
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11463	17104
11463	17105
11470	10060
11470	10061
11470	11200
11470	11201
11470	17000
11470	17001
11470	17002
11470	17010
11470	17100

<u>CODE A</u>	<u>CODE B</u>
11470	17101
11470	17102
11470	17104
11470	17105
11471	10060
11471	10061
11471	11200
11471	11201
11471	17000
11471	17001
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11601	10061
11601	11200
11601	11201
11601	17000
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11601	17100
11601	17101
11601	17260
11601	17261
11601	17262
11601	17263
11601	17270
11601	17271
11601	17272
11601	17280
11601	17281
11602	10060
11602	10061

<u>CODE A</u>	<u>CODE B</u>
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11602	11200
11602	11201
11602	17000
11602	17100
11602	17260
11602	17261
11602	17262
11602	17263
11602	17264
11602	17270
11602	17271
11602	17272
11602	17273
11602	17280
11602	17281
11602	17282
11603	10060
11603	10061
11603	11200
11603	11201
11603	17000
11603	17260
11603	17261
11603	17262
11603	17263
11603	17264
11603	17266
11603	17270
11603	17271
11603	17272
11603	17273
11603	17280
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11603	17282
11604	10060
11604	10061
11604	11200
11604	11201
11604	17100
11604	17260
11604	17261
11604	17262
11604	17263
11604	17264
11604	17266

<u>CODE A</u>	<u>CODE B</u>
11604	17270
11604	17271
11604	17272
11604	17273
11604	17280
11604	17281
11604	17282
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11606	10061
11606	11200
11606	11201
11606	17260
11606	17261
11606	17262
11606	17263
11606	17264
11606	17266
11606	17270
11606	17271
11606	17272
11606	17273
11606	17274
11606	17276
11606	17280
11606	17281
11606	17282
11606	17283
11606	17284
11620	10060
11620	10061
11620	11200
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11620	17260
11620	17261
11620	17270
11620	17280
11621	10060
11621	10061
11621	11200
11621	11201
11621	17000
11621	17100
11621	17260

<u>CODE A</u>	<u>CODE B</u>
11621	17261
11621	17262
11621	17263
11621	17264
11621	17270
11621	17271
11621	17272
11621	17280
11621	17281
11622	10060
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11622	11200
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11622	17001
11622	17100
11622	17101
11622	17260
11622	17261
11622	17262
11622	17263
11622	17264
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11622	17280
11622	17281
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11623	10061
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11623	17260
11623	17261
11623	17262
11623	17263
11623	17264
11623	17266
11623	17270
11623	17271
11623	17272
11623	17273
11623	17274
11623	17280

<u>CODE A</u>	<u>CODE B</u>
11623	17281
11623	17282
11623	17283
11624	10060
11624	10061
11624	11200
11624	11201
11624	17260
11624	17261
11624	17262
11624	17263
11624	17264
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11624	17273
11624	17274
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11624	17282
11624	17283
11624	17284
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11626	10061
11626	11200
11626	11201
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11626	17264
11626	17266
11626	17270
11626	17271
11626	17272
11626	17273
11626	17274
11626	17276
11626	17280
11626	17281
11626	17282
11626	17283
11626	17284

<u>CODE A</u>	<u>CODE B</u>
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11640	10061
11640	11200
11640	11201
11640	17000
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11640	17260
11640	17261
11640	17270
11640	17271
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11641	10061
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11641	11201
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11641	17001
11641	17002
11641	17100
11641	17101
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11641	17261
11641	17262
11641	17263
11641	17264
11641	17266
11641	17270
11641	17271
11641	17272
11641	17273
11641	17280
11641	17281
11641	17282
11642	10060
11642	10061
11642	11200
11642	11201
11642	17000
11642	17001
11642	17002
11642	17100
11642	17101
11642	17102
11642	17260
11642	17261

<u>CODE A</u>	<u>CODE B</u>
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11642	17263
11642	17264
11642	17266
11642	17270
11642	17271
11642	17272
11642	17273
11642	17274
11642	17280
11642	17281
11642	17282
11642	17283
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11643	10061
11643	11200
11643	11201
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11643	17261
11643	17262
11643	17263
11643	17264
11643	17266
11643	17270
11643	17271
11643	17272
11643	17273
11643	17274
11643	17276
11643	17280
11643	17281
11643	17282
11643	17283
11643	17284
11644	10060
11644	10061
11644	11200
11644	11201
11644	17000
11644	17260
11644	17261
11644	17262
11644	17263

<u>CODE A</u>	<u>CODE B</u>
11644	17264
11644	17266
11644	17270
11644	17271
11644	17272
11644	17273
11644	17274
11644	17276
11644	17280
11644	17281
11644	17282
11644	17283
11644	17284
11644	17286
11646	10060
11646	10061
11646	11200
11646	11201
11646	17260
11646	17261
11646	17262
11646	17263
11646	17264
11646	17266
11646	17270
11646	17271
11646	17272
11646	17273
11646	17274
11646	17276
11646	17280
11646	17281
11646	17282
11646	17283
11646	17284
11646	17286
11700	11710
11700	11711
11701	11711
11710	11701
11762	11760
11765	11050
11765	11051
11765	11052
11901	11900

<u>CODE A</u>	<u>CODE B</u>
11960	11971
11970	11960
11970	11971
12011	12001
12013	12002
12014	12002
12015	12004
12016	12005
12017	12006
12018	12007
12037	12047
12041	12031
12042	12032
12044	12034
12045	12035
12046	12036
12051	12031
12051	12041
12052	12032
12052	12042
12053	12032
12053	12042
12054	12034
12054	12044
12055	12035
12055	12045
12056	12036
12056	12046
12057	12037
12057	12047
13120	13100
13121	13101
13121	13132
13131	13100
13131	13120
13132	13101
13150	13100
13150	13120
13150	13131
13151	13100
13151	13120
13151	13131
13152	13101
13152	13121
13152	13132

<u>CODE A</u>	<u>CODE B</u>
13300	13100
13300	13101
13300	13120
13300	13121
13300	13131
13300	13132
13300	13150
13300	13151
13300	13152
14001	14000
14021	14020
14041	14040
14061	14060
14300	14000
14300	14001
14300	14020
14300	14021
14300	14040
14300	14041
14300	14060
14300	14061
15732	15576
15734	15570
15734	15922
15734	15934
15734	15935
15734	15936
15734	15937
15734	15944
15734	15945
15734	15952
15734	15953
15734	15956
15734	15958
15811	15810
16000	16010
16000	16020
16010	16020
16015	16000
16015	16010
16015	16020
16015	16025
16015	16030
16025	16000
16025	16010

<u>CODE A</u>	<u>CODE B</u>
16025	16020
16030	16000
16030	16010
16030	16020
16030	16025
17000	11050
17000	11051
17000	11052
17000	17100
17000	17101
17000	17102
17000	17104
17000	17105
17001	11050
17001	11051
17001	11052
17001	17100
17001	17101
17001	17102
17001	17104
17001	17105
17002	11050
17002	11051
17002	11052
17002	17100
17002	17101
17002	17102
17002	17104
17002	17105
17010	11050
17010	11051
17010	11052
17010	11400
17010	17100
17010	17101
17010	17102
17010	17104
17010	17105
17100	11050
17100	11051
17100	11052
17101	11050
17101	11051
17101	11052
17102	11050

<u>CODE A</u>	<u>CODE B</u>
17102	11051
17102	11052
17104	11050
17104	11051
17104	11052
17104	11400
17104	11401
17104	11402
17104	11403
17104	11420
17104	11421
17104	11422
17104	11440
17104	11441
17104	11442
17105	11050
17105	11051
17106	11050
17106	11051
17106	11052
17107	11050
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17107	11052
17107	17106
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17108	11051
17108	11052
17108	17106
17108	17107
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17110	11052
17200	11050
17200	11051
17200	11052
17201	11050
17201	11051
17201	11052
17201	11201
17250	11050
17250	11051
17250	11052
17260	11050
17260	11051
17260	11052

<u>CODE A</u>	<u>CODE B</u>
17261	11050
17261	11051
17261	11052
17261	17310
17262	11050
17262	11051
17262	11052
17262	11600
17262	11620
17262	11640
17262	17310
17263	11050
17263	11051
17263	11052
17263	11600
17263	11620
17263	11640
17263	17310
17264	11050
17264	11052
17264	11600
17264	11601
17264	11620
17264	11640
17264	17310
17266	11050
17266	11052
17266	11600
17266	11601
17266	11602
17266	11620
17266	11621
17266	11622
17266	11640
17266	17310
17270	11050
17270	11051
17270	11052
17270	17310
17271	11050
17271	11051
17271	11052
17271	11600
17271	11620
17271	17310

<u>CODE A</u>	<u>CODE B</u>
17272	11050
17272	11051
17272	11052
17272	11600
17272	11620
17272	11640
17272	17310
17273	11050
17273	11051
17273	11052
17273	11600
17273	11601
17273	11620
17273	11621
17273	11622
17273	11640
17273	17310
17274	11050
17274	11051
17274	11052
17274	11600
17274	11601
17274	11602
17274	11603
17274	11604
17274	11620
17274	11621
17274	11622
17274	11640
17274	11641
17274	17310
17276	11050
17276	11051
17276	11052
17276	11600
17276	11601
17276	11602
17276	11603
17276	11604
17276	11620
17276	11621
17276	11622
17276	11623
17276	11640
17276	11641

<u>CODE A</u>	<u>CODE B</u>
17276	11642
17276	17304
17276	17305
17276	17306
17276	17307
17276	17310
17280	11050
17280	11051
17280	11052
17280	17310
17281	11050
17281	11051
17281	11052
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46761	46762
46762	46753
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<u>CODE A</u>	<u>CODE B</u>
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47765	47802
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48556	48005
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<u>CODE A</u>	<u>CODE B</u>
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<u>CODE A</u>	<u>CODE B</u>
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<u>CODE A</u>	<u>CODE B</u>
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54161	54152
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54535	54530
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55180	55150
55815	56501
55831	55821
56501	56441
57240	57250
57289	57250
57305	57300
57511	57510
57513	57510
57513	57511
57520	57505
58120	57505
58150	58270
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58822	58820
58952	49201
59426	59425
59821	59820
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60240	60260

<u>CODE A</u>	<u>CODE B</u>
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<u>CODE A</u>	<u>CODE B</u>
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61597	61598
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61608	61607
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<u>CODE A</u>	<u>CODE B</u>
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62147	62145
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62180	62192
62180	62194
62180	62201
62180	62220
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62180	62230
62180	62256
62190	62194
62192	62194
62200	62180
62220	62225
62223	62180
62258	62180
62281	62275
62282	62284
63005	63012
63005	63707
63012	63707
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63017	63048
63017	63707
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63047	63005
63047	63012
63173	63172
63182	63180

<u>CODE A</u>	<u>CODE B</u>
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63252	63251
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64755	64760
64804	64802
64886	64885
64891	64890
64893	64892
64896	64895
64898	64897
64907	64905
65112	65114
65150	65175

<u>CODE A</u>	<u>CODE B</u>
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65175	67120
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65260	67121
65265	67120
65265	67121
65400	65420
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65750	65710
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65755	65750
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65755	66986
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66172	66160
66172	66165
66172	66170
66180	66185
66250	65772
66250	65775
66710	66700
66720	66700
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66740	66710
66740	66720

<u>CODE A</u>	<u>CODE B</u>
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66762	65855
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66770	66762
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66850	66985
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67105	67101
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67107	67110
67108	67110
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67145	67141
67210	67208
67228	67210
67228	67227
67332	67311
67332	67331
67350	67335

CODE A CODE B

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67904	67901
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68325	68320
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68720	68830
68750	68700
68750	68830
68760	68800
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69020	69005
69100	17000
69100	17001
69105	69100
69300	69110
69300	69120

<u>CODE A</u>	<u>CODE B</u>
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69554	69540
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69602	69505
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69603	69511
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69636	69632
69637	69633
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69725	69720
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69910	69802
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70487	70470
70488	70450
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70488	70470
71010	71035
71020	71010
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71022	71010

<u>CODE A</u>	<u>CODE B</u>
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71100	71020
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71110	71015
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71111	71030

<u>CODE A</u>	<u>CODE B</u>
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71111	71100
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72114	72110
72192	76856
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73092	73100
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74246	74260
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74249	74247
74249	74260
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74355	74350
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74363	74360
74400	74425

<u>CODE A</u>	<u>CODE B</u>
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76001	76125
76003	76120
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76096	76095
76101	74400
76101	74405
76101	74410
76101	74415
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76102	74400
76102	74405
76102	74410
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76102	74425
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76120	76125
76125	76000
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76355	76365
76365	76360

<u>CODE A</u>	<u>CODE B</u>
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76827	76828
76856	76815
76856	76816
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77315	77321
77370	77336
77401	96900
77401	96910
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77470	77499
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77762	77799
77763	77799
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77778	77799
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77783	77799
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77790	77799
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78015	78001
78015	78003

CODE ACODE B

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78015	78011
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79020	79000
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79030	79000

<u>CODE A</u>	<u>CODE B</u>
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<u>CODE A</u>	<u>CODE B</u>
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84165	84160
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85008	85018
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85022	85008
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85024	85018
85024	85021

<u>CODE A</u>	<u>CODE B</u>
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<u>CODE A</u>	<u>CODE B</u>
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87151	87158
87158	87147
88107	88172
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88172	88104
88172	88106
88172	88300
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88172	88304
88173	88104
88173	88106
88173	88107

<u>CODE A</u>	<u>CODE B</u>
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88173	88302
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88307	88173
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88309	88173
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90921	90922

<u>CODE A</u>	<u>CODE B</u>
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92506	92507
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92520	70370
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92532	92531
92533	92531

<u>CODE A</u>	<u>CODE B</u>
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92986	93042
92993	92992
93000	93012
93000	93014
93005	93012
93005	93014
93010	93012
93010	93014
93012	93040
93012	93041
93012	93042
93014	93040
93014	93041
93014	93042
93015	93798
93205	93201
93208	93202
93209	93204
93224	93235
93224	93236
93224	93237
93224	93268
93225	93235
93225	93236
93225	93237
93225	93268
93226	93235
93226	93236

<u>CODE A</u>	<u>CODE B</u>
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93226	93237
93226	93268
93227	93235
93227	93236
93227	93237
93227	93268
93230	93224
93230	93225
93230	93226
93230	93227
93230	93235
93230	93236
93230	93237
93230	93268
93231	93224
93231	93225
93231	93226
93231	93227
93231	93235
93231	93236
93231	93237
93231	93268
93232	93224
93232	93225
93232	93226
93232	93236
93232	93237
93232	93268
93233	93225
93233	93226
93233	93235
93233	93236
93233	93237
93233	93268
93235	93268
93237	93268
93268	93040
93350	93312
93350	93313
93350	93314
93527	93524
93555	93600
93555	93602
93555	93603
93555	93607

<u>CODE A</u>	<u>CODE B</u>
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93555	93609
93555	93610
93555	93612
93619	93624
93619	93640
93619	93641
93619	93642
93620	93619
93620	93624
93620	93640
93620	93641
93620	93642
93621	93619
93621	93620
93621	93641
93622	93619
93622	93620
93622	93621
93622	93624
93622	93640
93624	93602
93624	93603
93624	93610
93624	93612
93624	93640
93641	93624
93641	93640
93641	93642
93642	93624
93642	93640
93652	93651
93724	93732
93724	93735
93724	93738
93731	93733
93732	93733
93732	93734
93732	93735
93732	93736
93733	93736
93734	93733
93734	93736
93735	93733
93735	93736
93880	76536

<u>CODE A</u>	<u>CODE B</u>
93880	93875
93882	93875
93924	93922
93924	93923
93925	93922
93925	93923
93925	93924
93926	93922
93926	93923
93926	93924
93930	93922
93930	93923
93931	93922
93931	93923
94400	94450
94620	94060
94620	94070
94651	94650
94651	94664
94651	94665
94656	94657
94662	94660
94668	94667
94680	94681
94681	94690
94725	94720
94762	82803
94762	82805
94762	82810
95010	95004
95015	95024
95015	95028
95070	94010
95070	94060
95070	94070
95070	95078
95071	94010
95071	94060
95071	94070
95071	95078
95078	95028
95078	95044
95078	95052
95078	95056
95078	95065

<u>CODE A</u>	<u>CODE B</u>
95120	95115
95120	95117
95125	95117
95816	95824
95819	95816
95822	95824
95950	95955
95951	95955
95953	95955
95956	95953
96405	11900
96405	11901
96406	11900
96406	11901
96414	96520
96414	96530
96910	97028
96912	96910
96912	97028
96913	96910
96913	96912
96913	97028
97018	97022
97018	97026
97024	97020
97026	97022
97028	97022
97110	97022
97112	97022
97116	97022
97122	97012
97122	97022
97124	97022
97500	97116
97501	97116
97530	97110
A4305	A4306
A4311	A4310
A4311	A4312
A4313	A4310
A4313	A4311
A4313	A4312
A4314	A4310
A4314	A4311
A4314	A4312

<u>CODE A</u>	<u>CODE B</u>
A4314	A4313
A4315	A4310
A4315	A4311
A4315	A4312
A4315	A4313
A4315	A4314
A4316	A4310
A4316	A4311
A4316	A4312
A4316	A4313
A4316	A4314
A4316	A4315
A4327	A4328
A4340	A4338
A4344	A4340
A4346	A4344
A4347	A4346
A4352	A4351
A4358	A4359
A4362	A4363
A4645	A4644
A4646	A4644
A4646	A4645
A5053	A5054
A5063	A5062
A5064	A5065
A5073	A5075
A5074	A5075
A5112	A4358
A5113	A5114
A5121	A4362
A5121	A4363
A5122	A4362
A5122	A4363
A5122	A5121
A5123	A4363
A5126	A4364
E0782	E0781
G0001	P9605
H5300	97700
H5300	97701
J0540	J0530
J0550	J0530
J0550	J0540
J0570	J0560

<u>CODE A</u>	<u>CODE B</u>
J0580	J0560
J0580	J0570
J1030	J1020
J1040	J1020
J1040	J1030
J1070	J1090
J1080	J1070
J1080	J1090
J1390	J1380
J1441	J1440
J1741	J1739
J1770	J1760
J1780	J1760
J1780	J1770
J1840	J1850
J2275	J2270
J2321	J2320
J2322	J2320
J2322	J2321
J3130	J3120
J3365	J3364
J7030	J7040
J7042	J7060
J7090	J7080
J7110	J7100
J7192	J7190
J9010	J9000
J9062	J9060
J9080	J9070
J9090	J9070
J9090	J9080
J9092	J9091
J9094	J9093
J9095	J9093
J9095	J9094
J9097	J9096
J9110	J9100
J9140	J9130
J9182	J9181
J9213	J9214
J9216	J9215
J9260	J9250
J9290	J9280
J9291	J9280
J9291	J9290

<u>CODE A</u>	<u>CODE B</u>
J9375	J9370
J9380	J9370
J9380	J9375
L6382	L6380
L6384	L6380
L6384	L6382
M0005	M0008
M0006	M0008
M0007	M0005
M0007	M0006
P7001	87181
P9011	P9010
P9015	P9014
P9604	P9603
Q0109	Q0110

N. Sequential Procedure

An initial approach to a procedure may be followed at the same encounter by a second, usually more invasive approach. There may be separate CPT-4 codes describing each service. The second procedure is usually performed because the initial approach was unsuccessful in accomplishing the medically necessary service; these procedures are considered "sequential procedures". Only the CPT-4 code for one of the services, generally the more invasive service, should be billed. An example of this situation is a failed laparoscopic cholecystectomy, followed by an open cholecystectomy at the same session. Only the code for the successful procedure, in this case the open cholecystectomy, should be billed.

O. With/Without

In the CPT-4 manual, there are various procedures that have been separated into two codes with the definitional difference being "with" versus "without" (e.g. with and without contrast). Both procedure codes cannot be billed. When done together the "without" procedure is bundled into the "with" procedure. An example would be a closed treatment of a fracture with manipulation and without manipulation. The CPT-4 code without manipulation is bundled into the code with manipulation. Another example is a procedure described as under or requiring "anesthesia" and "without anesthesia." The "without anesthesia" procedure code is bundled into the "under" or "requiring anesthesia" procedure code.

P. Laboratory Panels

When components of a specific organ or disease oriented laboratory panel (e.g., CPT-4 codes 80061, 80059) or automated multichannel tests (e.g., 80002-80019) are billed separately, they must be bundled into the comprehensive panel code that includes the multiple component tests. The individual tests that make up a panel are not to be separately billed.

Example: CPT-4 code 80090 (TORCH antibody panel) includes the following tests:

CPT-4 code 86644: Antibody - cytomegalovirus
CPT-4 code 86694: Antibody - herpes simplex

CPT-4 code 86762: Antibody - rubella
CPT-4 code 86777: Antibody - toxoplasma

When all 4 tests are ordered and medically necessary, the panel test must be billed in place of the individual tests.

Q. Not Otherwise Classified (NOC) Codes

The codes listed after each section and/or subsection which end in "99" (or a single "9" in a few cases) are used to report a service that is not described in any code listed elsewhere in the CPT-4 manual. Because of advances in technology or physician expertise with new procedures, a code may not be assigned to a procedure when the procedure is first introduced as accepted treatment. The NOC codes are then necessary to code the service. Every effort should be made to find the appropriate code to describe the service and frequent use of the NOC codes is not appropriate. Rebundling of these codes would occur after the documentation has been reviewed and the code has been changed to a specific code. The NOC codes have not been included in the Rebundling Policy or Edits because of the multiple procedures than can be assigned to these codes.

R. Units of Service

1. Introduction. CPT-4 code narrative descriptions either describe or imply an appropriate number of units of service which apply to the service or procedure described. Most surgical procedures, performed by the same physician at the same session, are assumed to be performed only once; therefore, the typical units of service implied are to be one unit of service. In other situations, the procedure described is performed repetitively because of the nature of the condition. As an example, many dermatological lesions present not as a single lesion but as multiple lesions. Accordingly, the CPT-4 narrative describing the removal of these lesions defines the situation where a certain number of lesions are removed. In other cases, specific language in the narrative determines the unit of service. As an example, typically, the term "each" in the narrative suggests that, should multiple procedures be performed at the same session, multiple units of service may be required to adequately describe the service performed. Other language, such as the term "single" is often followed by a separate CPT-code (usually indented), using the term "multiple". When a combination of codes exists with this language, the appropriate

CPT-4 code to bill is determined by whether a single service is performed or if multiple, essentially identical services are performed at the same session. In the latter case, because the description of the service is that the procedure was performed multiple times, only one unit of service would be reported. In addition, CPT-4 or HCFA modifiers are available to further clarify the appropriate units of service. When CPT-4 modifiers are available, appropriate use of these modifiers is often included parenthetically following the code. This is particularly true in the case of procedures which may be performed unilaterally or bilaterally.

Because of variation among sections of CPT-4, refinements in CPT-4 code narratives, variation in the nature of services provided by different specialties, and coverage policies of HCFA, it can be unclear as to the appropriate designation of units of service that one indicates when billing Medicare using CPT-4 coding. Accordingly, this section of the National Rebundling Policy has been included as a guide to these determinations. This section does not indicate the number of services that should be billed with any given CPT-4 code. The units of service table clarifies the number of units of service that the CPT-4 narrative describes for the service taking into consideration the expanded availability of modifiers by HCFA, the Global Surgery Policy for Medicare and other factors.

The units of service table also takes into account not only the use of CPT-4 modifiers (e.g., bilateral services are indicated by the modifier "-50") but the use of both HCFA defined modifiers (e.g., "RT", "LT") and the proposed "DS" modifier indicating that a procedure was performed as a different service, at a different site, or represents a different lesion, etc., (see Chapter 1, Section E for description of the proposed "DS" modifier). HCFA modifiers describing individual digits are defined and, when appropriate, would apply to procedures on digits as described above. In general, when a modifier should typically be applied for multiple services, the units of service table has been constructed to reflect this case.

2. Common CPT-4 terminology.

Many terms in CPT-4 are used in descriptors to aid in determination of the proper way to code the units of service.

While, in general, the following definitions are appropriate, there are isolated codes which, because of a unique circumstance specific to the service described, these definitions may not apply.

"Each": This term generally implies that the service can be performed repeatedly in one session in which case the descriptor implies one unit of service if the procedure is performed once, however, if medically necessary to repeat the procedure, one unit of service should be reported for each time the procedure is performed.

"Each additional ____": This terminology is commonly used for add on codes which are reported in addition to a primary code. Usually the primary code should be reported only once. The add on code usually specifies a number of services (e.g. "each additional ten lesions"). One unit of service would be reported when the number of repetitions is reached. In the case of CPT-4 code 11201, one unit of service is reported every time ten lesions are removed after the first fifteen are removed (which is reported with the primary code 11200 with one unit of service).

"Multiple": When the descriptor specifies multiple services, only one unit of service should be reported irrespective of the number of times the service is repeated. For example, CPT-4 code 78017 (Thyroid carcinoma metastases imaging; multiple areas) would be reported once, irrespective of the number of areas imaged.

"Minimum of ____": This term is commonly used in the narrative of radiology codes to describe the number of views necessary to report the code. When this term is used, at least the number of specified services, usually views, must have been completed to report the code. If the descriptor states "minimum of two views", the code should be reported once if two or more views are obtained. If four views are obtained, and another code describing four views is not available, it is inappropriate to report the code with two units of service.

"One or more ____": This terminology is similar to "multiple" described above; it is often used for codes describing procedures that are performed in a series of different sessions. The code should be reported once irrespective of the number of times the service is repeated.

"And/or": This terminology generally connects two related services included in the comprehensive procedure. The code describing the service(s) should be reported as one unit of service if either one of the related procedures are performed or both are performed at the session.

3. Specific Modifiers. Two types of modifiers have been taken into account: CPT modifiers and HCFA modifiers.

a. CPT modifiers. CPT-4 defined modifiers which have been taken into consideration include (but are not limited to):

"-50" (Bilateral procedure): The appropriate use of this modifier is usually identified parenthetically following the CPT-4 codes to which it may apply.

"-58" (Staged procedure): Since typically this modifier would not be used to describe procedures performed on the same day by the same physician the units of service have been defined accordingly.

b. HCFA modifiers. Nationally recognized HCFA modifiers that may increase the level of specificity describing a service include (but are not limited to):

"RT, LT" (Right, Left): When a service described by a CPT-4 narrative could be performed bilaterally, the use of these modifiers have been considered in defining the units of service for a CPT-4 narrative. For example, in an individual with bilateral stasis ulcers of the lower extremities, the use of an Unna boot may be medically indicated. The service, described by CPT-4 code 29580, has a unit of service designation of 1. The service for reporting application of an Unna boot to the right and left lower extremity should be billed as 29580-RT (one unit of service) and 29580-LT (one unit of service) rather than 29580 (2 units of service).

"FA, F1-F4, TA, T1-T9" (Digit specification): These modifiers indicate the first through the fifth digit of the right or left hand or foot. While the CPT-4 narrative may indicate that "each" digit should be reported as an additional service, the use of the digit modifier indicates the digit requiring the procedure; accordingly, one (or two, in cases where the narrative is not specific regarding the upper or lower extremity) unit(s) of service is listed. While the digit specification obviously applies to

services involving the fingers and toes, there are an equal number of metacarpal and metatarsal bones. The use of the digit specification has been expanded to allow usage of the digit modifiers for procedures involving the metacarpal/metatarsal bones as well.

For example, employing simple CPT terminology, in the CPT-4 narrative for 11730-11732 "Avulsion of nail plate, partial or complete, simple; single" (11730), "second nail plate" (11731), "each additional nail plate" (11732), the units of service table would imply one unit for 11730, one unit for 11731 and 18 for 11732. This indicates that 11730 and 11731 describe a procedure performed on one nail plate and therefore one unit of service would be appropriate. On the other hand, while it would rarely, if ever, be medically necessary to perform the procedure on all digits (20), it is anatomically possible and, therefore, the maximum units of service for 11732 could be as high as 18 because 11731 and 11732 are "add-on" codes for 11730. However, because of the availability of the right and left modifiers and the digit modifiers, the maximum specificity of the code 11732 would allow identification of whether the service was provided on the right or left extremity and on which digit (1-5). Because this level of specificity is available through the use of modifiers, the only determination that is not communicated is whether the service was provided on the fingers or toes; accordingly, the maximum number of services for 11732 would be one. A theoretical coding scenario for the circumstance where an individual required an avulsion of the first and second nail plate on the right hand, the fourth nail plate on the left hand, and the first three nail plates on the right foot would be as follows: (all one unit of service) 11730-RT-F5 (right thumb), 11731-RT-F6 (right index finger), 11732-RT-T5 (right first toe), 11732-RT-T6-51 (right second toe), 11732-RT-T7-51 (right third toe), 11732-LT-F4-51 (left ring finger). Multiple surgical modifiers are not indicated because of the "add on" nature of the latter codes until the code 11732 is being billed multiple times. While this is not a typically medically necessary scenario, it is used to describe the level of specificity that is employed in determining the units of service described in the table.

"DS" modifier (proposed): The "DS" modifier is used to indicate that a different site, different service, different lesion, etc. is involved and, therefore, separately identifiable services have been

performed. The units of service table has been constructed in such a fashion that, when multiple identical or similar services may typically be performed at a single session, it is assumed that the "DS" modifier will be submitted with the claim.

4. Claim adjudication. The Units of Service table is not intended to be used for determination of medical necessity but for the determination of correct coding. Accordingly, this table is not to be used for medical review for medical necessity, only as a guideline for correct and consistent coding according to CPT-4 convention and HCFA coding guidelines. In many cases, the number of units indicated will be identified as "the number of units of service will vary according to the number of services performed". This designation has been assigned to a majority of the anesthesia codes because anesthesia coding is determined by time units and for all "unlisted" procedures because, by the nature of the code, a units of service designation cannot be identified. This designation has also been shown for services where there is a high frequency of anatomic variation (e.g., tendon repairs, etc.). The units of service for Level II HCPCS codes have not been included because of the vast range of possibilities.