Rebundling Policy

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<th>Rebundling</th>
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**Summary**
This policy provides an overview of how Medica addresses coding relationships through rebundling code pair edits, and appropriate modifier overrides.

**Policy Statement**
Physicians and other qualified health care professionals must report services correctly, according to the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI). Medical and surgical procedures are to be reported with the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes that most comprehensively describe the services performed.

When the same provider submits two or more procedure codes for the same member on the same date of service, the codes will be compared. If any of the codes is considered to be a component of the other code, only the most comprehensive procedure code will be reimbursed.

These edits are based on a variety of sources including but not limited to the following:
- CMS’s NCCI, whose edits are intended to promote consistent and correct coding and reduce inappropriate payment
- CPT verbiage which includes “separate procedure”
- Analysis of standard medical and surgical practice including input from specialty societies

Under certain circumstances codes may be reimbursed when appended with the proper modifier if the criteria are met. Since modifiers do not bypass bundling edits in every situation, it is important that the modifiers only be used when appropriate, and documentation in the medical record must reflect this.

**Modifiers**
For a complete description of the applicable modifiers below, see the Modifier Reference Guide:

25, 58, 59, 78, 79, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS, XU
Definitions

Mutually exclusive codes
Procedure codes that cannot reasonably be performed at the same anatomic site or same patient encounter.

Same individual physician or other health care professional
The same individual rendering health care services reporting the same Federal Tax Identification number.

Separate procedure
Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term “separate procedure.” These codes should not be reported in addition to the code for the total procedure or service for which they are considered an integral component.

Resources

- Centers for Medicare and Medicaid Services (CMS)
- CMS National Correct Coding Initiative (NCCI) edits
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date

11/01/1999

Revision Updates

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>08/31/2017</td>
<td>Annual policy review</td>
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<tr>
<td>10/06/2016</td>
<td>Annual policy review</td>
</tr>
<tr>
<td>10/15/2015</td>
<td>Annual policy review; revised modifier list</td>
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<tr>
<td>01/01/2015</td>
<td>Accepted new X modifiers; edits will be applied to the X modifiers effective February 14, 2015</td>
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