



BCBSIL Significant Edits

BCBSIL utilizes an automated code auditing system that is designed to review reported codes to ensure that the correct procedure codes are identified for reimbursement. Claims are audited to review for potential incorrect billing. The following codes represent those procedures that are reported in high volume and that are not separately payable when billed in conjunction with other procedures.

This service is incidental to primary procedure code. Payment is included in allowance for primary service

29540	92504	99000	A4245
29877	93040	99001	A4246
36000	93041	99002	A4247
36415	93042	99070	A4263
36591	93770	99144	A4270
36592	94010	99173	A4450
51702	94150	A4207	A4452
52000	94200	A4208	A4550
64435	94375	A4209	A4556
64450	94760	A4210	A4557
69210	94761	A4211	A4595
71010	94762	A4212	A4615
71020	95831	A4213	A4649
72020	95833	A4215	A4927
76000	95834	A4216	A4930
77003	95851	A4217	J7030
81002	96110	A4221	J7050
90772	96523	A4222	Q0081
			Q0091

Services have been unbundled. Separately billed services have been re-bundled under a single code, as they are components of the same service.

11057	28735	70110	95860
11306	35351	72010	95962
11462	36556	82550	97012
11901	45338	83003	97032
11920	47000	83891	97035
14041	47120	85610	97116
15340	49322	90801	99217
15734	49900	90828	A4500
22610	53665	92004	E0600
27335	58544	92018	E0779
28024	64784	93976	J3420

Services are mutually exclusive. The clinically more intense service has been reimbursed and the comparable service is mutually exclusive.

11442	62319	75980	97002
28024	67028	78464	97005
29345	68440	78465	99050
32560	68761	78815	99090
44602	69420	85460	99091
52276	69670	87324	99100
57180	70360	87400	99116
58340	73140	94150	99145
62272	74020	96375	99172
			G0289

A separate charge is not allowed, as it is included in another service.

01967	58740	73010	90811
27570	64420	85008	90935
42831	64421	90806	A4616
58611	64425	90808	A7000

- For additional information about specific coding scenarios or customized edits, access Clear Claim Connection (CCC) through this Web site.
- Additional codes may be denied or reduced

BCBSIL Professional Multiple Surgery Guidelines (MSP)

Unrelated Surgical Procedures

Standard consideration for unrelated procedures allows for an eligible amount of 100% of the Schedule of Maximum Allowance (SMA) for each unrelated procedure.

Relate Surgical Procedures

Standard consideration for related procedures allows for an eligible amount of 100% of the Schedule of Maximum Allowance (SMA) for the Primary procedure (procedure with the highest SMA) and an eligible amount of 50% of the Schedule of Maximum Allowance (SMA) for all other same operative area procedures.

Combined – Related and Unrelated Surgical Procedures

Standard consideration for related procedures allows for an eligible amount of 100% of the Schedule of Maximum Allowance (SMA) for the Primary procedure (procedure with the highest SMA) and an eligible amount of 50% of the Schedule of Maximum Allowance (SMA) for all other related procedures. All other unrelated procedures from the Primary procedure allows for an eligible amount of 100% of the Schedule of Maximum Allowance (SMA) for each unrelated procedure.

Effective Oct. 1, 2009, BCBSIL will change the pricing methodology for MSP to Operative Session only.

MSP determined whether or not subsequent surgeries billed on the same day, same provider were related. If the surgeries were **related**, then the primary procedure (highest allowance) was eligible at 100% of the fee schedule and the subsequent procedure(s) were eligible at 50% of the fee schedule. If the surgeries were **unrelated**, then the primary procedure (highest allowance) was eligible at 100% of the fee schedule and the subsequent procedure(s) were eligible at 100% of the fee schedule. Therefore, with this change, the following pricing methodology will be used:

Primary Procedure – eligible at 100% of the fee schedule
Subsequent Procedure(s) – eligible at 50% of the fee schedule.

This is a policy change going forward, so for MSP surgeries rendered prior to Oct. 1, 2009, claims will be processed based on related and/or unrelated procedures.