

Policy Name	Rebundling
<p><b>Summary</b></p>	<p>This policy provides an overview of how Medica addresses coding relationships through clinical rebundling edits.</p> <p>According to CMS, medical and surgical procedures should be reported with the CPT/HCPCS codes that most comprehensively describe the services performed. Unbundling occurs when multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code.</p> <p>When the same provider submits one or more procedure codes for the same member on the same date of service, the procedure codes will be compared. If one of the codes is considered to be mutually exclusive or a component code of the other code, only the most comprehensive code will be reimbursed.</p>
<p><b>Related Coding Information</b></p>	<p><b>Modifier 59 Distinct Procedural Service</b></p> <p>Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a:</p> <ul style="list-style-type: none"> <li>• Different session or patient encounter,</li> <li>• Different procedure of service on the same day,</li> <li>• Different site or organ system,</li> <li>• Separate incision/excision,</li> <li>• Separate lesion, or</li> <li>• Separate injury (or area of injury in extensive injuries)</li> </ul>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>• Current Procedural Terminology (CPT)</li> <li>• Center for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (CCI) edits</li> <li>• CMS Policy</li> <li>• Physician Specialty Societies (i.e., American Association of Orthopaedic Surgeons (AAOS), American College of Obstetricians and Gynecologists (ACOG))</li> </ul>
<p><b>Effective Date</b></p>	<p>11/01/99</p>

<b>Revision Date</b>	1/01/06
<b>Explanation of Change</b>	2006 annual CPT updates

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