

# Hospital Outpatient Radiology Services Rebundling Policy

<b>Type</b>	Hospital Reimbursement	
<b>Number</b>	001	
<b>Approved By</b>		<b>Approval Date</b>
National Reimbursement Forum		April 25, 2006

## Description

This policy describes the rebundling edits applied by UnitedHealthcare to determine reimbursement for the technical component of hospital outpatient radiology services contracted under the UnitedHealthcare Facility Outpatient Radiology Fee Schedule. Effective October 1, 2011, this policy also applies when any of the following outpatient service categories are contracted using the Per Unit payment method: Other Diagnostic Radiology, Nuclear Medicine, Computerized Tomography, Imaging, Mammography, Ultrasound, Magnetic Resonance Imaging, or Positron Emission Tomography.

## Audience

<b>Targeted Population</b>	This policy applies to participating hospitals contracted under the UnitedHealthcare Facility Outpatient Radiology Fee Schedule. Effective October 1, 2011, this policy also applies when any of the following outpatient service categories are contracted using the Per Unit payment method: Other Diagnostic Radiology, Nuclear Medicine, Computerized Tomography, Imaging, Mammography, Ultrasound, Magnetic Resonance Imaging, or Positron Emission Tomography.
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## Policy

<b>Overview</b>	According to the Centers for Medicare and Medicaid Services (CMS), radiology procedures/services should be reported with the Current Procedural Terminology (CPT) or Health Care Procedure Coding System (HCPCS) code(s) 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.
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## Edit Sources and Application

UnitedHealthcare sources its hospital outpatient radiology rebundling edits to definitive methodologies created and maintained by third party authorities. No interpretive sources are used. The definitive sources are:

*Current Procedural Terminology book (CPT)* from the American Medical Association (AMA)

Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (CCI) edits as loaded in the Medicare Outpatient Code Editor (OCE).

UHC follows CMS in applying the edits based on the version in effect for the date of service of the radiologic procedures reported. The hospital version of the CCI edits is updated quarterly by CMS

Files containing the edits applicable as of the effective date of this policy and forward are displayed in the Attachments section of this policy.

### **Modifiers and Applicability**

As specified by CMS and CPT, United Healthcare will accept the following modifiers for hospital outpatient radiology service reporting:

- 50 Bilateral Procedure
- 52 Reduced Services
- 59 Distinct Procedural Service
- 76 Repeat Procedure by Same Physician
- 77 Repeat Procedure by Another Physician
- Level II HCPCS modifiers for describing fingers, toes, etc.

#### **Modifier -59 Reporting:**

According to the CPT book, modifier 59 should only be used when a more descriptive modifier is not available.

UnitedHealthcare follows CPT guidelines for the use of modifier -59(distinct procedural service). These guidelines state that modifier -59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. Use of modifier -59 may represent a:

- different session or patient encounter,
- different procedure or service on the same day,
- different site or organ system,
- separate incision/excision,
- separate lesion, or
- separate injury (or area of injury in extensive injuries).

### **Definitions**

CMS CCI Definitive Edit	An edit sourced to specific billing guidelines from the General Correct Coding Policies contained in the National Correct Coding Policy Manual published by CMS
CPT Definitive Edit	An edit sourced to specific CPT coding book direction related to the reporting of exact codes or modifiers

### **References and Resources**

**References:**

1. American Medical Association, *Current Procedural Terminology (CPT), Professional Edition*
2. Centers for Medicare and Medicaid Services (CMS), Hospital Outpatient National Correct Coding Initiative Edits

**Attachments**

**Mutually Exclusive Radiology Code List:** Mutually Exclusive Services that may or may not be allowed with appropriate modifier(s), Column F in the file denotes which code combinations may be payable together when an appropriate modifier is reported.

[CMS National Correct Coding Initiative \(NCCI\)](#)

**Comprehensive Codes (Column1/Column 2) Radiology Code List:** Comprehensive/Component Codes that may or may not be allowed with appropriate modifier(s). Column F in the file denotes which code combinations may be payable together when an appropriate modifier is reported.

[CMS National Correct Coding Initiative \(NCCI\)](#)

**Questions and Answers**

**Q1.** Which version of the Correct Coding Initiative (CCI) edits does United Healthcare apply to hospital outpatient radiology claims?

**A1.** In accordance with CMS, United Healthcare applies the hospital version of the CCI edits that are applicable to the date of service as loaded in the Medicare Outpatient Code Editor (OCE).

**History/Updates**

June 1, 2006	Posting of Policy
October 1, 2011	Change in Scope to include Per Unit methodology for applicable contracts

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