Clarification: Radiology/Imaging Reimbursement when billed with other procedures

On March 25, 2009, Horizon Blue Cross Blue Shield of New Jersey notified physicians of new radiology correct coding and bundling logic that impacted claims reimbursement when certain radiology procedures were performed and billed on the same date of service. Horizon BCBSNJ posted these Radiology Rules Bank and Radiology Bundling Rules on our radiology/imaging claims web page.

In addition to radiology services being subject to correct coding and bundling rules, other services billed with radiology procedures are subject to correct coding. Under correct coding rules, certain combinations of radiology procedures and other services could result in reimbursement for the radiology procedure being considered inclusive or inherent to the surgical procedure it was performed with. Please see the coding examples below.

If you, as the physician, are only billing radiology procedures, then the rules (Radiology Rules Bank or Radiology Bundling Rules) available at www.HorizonBlue.com apply.

If you are billing radiology procedures with additional procedures (i.e., Surgical or Evaluation and Management codes, etc.), then you will want to take advantage of a web-based tool available to you – McKesson Clear Claim Connection™.

Clear Claim Connection is a code editing disclosure solution that can help you navigate the health care system and better understand our claim reimbursement policies. Clear Claim Connection helps ensure our claim payment policies, related rules, clinical edit clarifications and clinical sourcing information are easily accessible and transparent for you. Clear Claim Connection displays Horizon BCBSNJ’s code auditing rules for various code combinations and the corresponding clinical rationale.

To access Clear Claim Connection, log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over Claim Management and click Clear Claim Connection.

Within Clear Claim Connection, enter the required data to get the appropriate code auditing results. Clear Claim Connection enables your office to identify Horizon BCBSNJ's code auditing rules.

Please note: Results are not a guarantee of payment as other coding or benefit limitations could apply.

Horizon BCBSNJ will continue to enhance its claims auditing for professional claims to help ensure claim payments are accurate and consistent with correct coding rules and standard business practices.

If you have questions, contact your Network Specialist.

Below are two coding examples:

Billing of CPT 22520 and 77003 example:

**Reimburse for:**

22520 – Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection, thoracic.

**Deny:**
77003 – Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, subarachnoid or sacroiliac joint), including neurolytic agent destruction.

Reason:
Correct Coding Initiative (CCI) edit (fluoroscopic guidance is considered inclusive in code 22520).

Billing of CPT 93306 and 76604 example:
Reimburse for:
93306 – Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography and with color flow Doppler echocardiography.

Deny:
76604 – Ultrasound, chest (includes mediastinum), real time with image documentation.

Reason:
CCI edit (ultrasound is considered inclusive in code 93306).

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