



BILLING POLICY No. 007

DISTINCT UNBUNDLED MODIFIER

Effective date: Sept. 23, 2024

Review dates: None yet recorded

Date of origin: July 2024

APPLIES TO

All products

DEFINITION

In support of correct coding and payment accuracy, Priority Health won't allow separate and distinct modifiers to bypass bundling claim edits for select services outlined in this policy.

POLICY SPECIFIC INFORMATION

Impacted services / procedures

Procedure codes 93798 & 93797

These codes are considered mutually exclusive and should not be billed together. Separate and distinct modifiers will no longer override this edit.

- **93798** – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
- **93797** – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

Procedure codes 97975 & 93976

These codes are considered mutually exclusive and should not be billed together. Separate and distinct modifiers will no longer override this edit.

- **97975** – Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
- **93976** – Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study

Procedure code 76942

This code is considered incidental when billed with transrectal ultrasound (76872) and prostate biopsy procedure (55700). Separate and distinct modifiers will no longer override this edit.

- **76942** – Ultrasonic guidance for needle placement (for example, biopsy, aspiration, injection or localization device), imaging supervision and interpretation
- **76872** – Ultrasound, transrectal

- **55700** – Biopsy, prostate; needle or punch, single or multiple, any approach

Hernia repair & bariatric surgery

Hernia repair (43280, 43281, 43282, 43283, 43332, 43334, 43336, 49621) in bariatric surgery is considered incidental and not separately reimbursable. Separate and distinct modifiers won't override this edit.

Hernia

- **43281** - Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
- **43282** - Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
- **43332** - Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
- **43334** - Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
- **43336** - Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
- **49621** - Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible

Bariatric procedures

- **43644** - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux Limb 150 cm or less)
- **43645** - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux Limb 150 cm or less), with gastric bypass and small intestine reconstruction to limit absorption [laparoscopic gastric diversion with gastro-jejunal reconstruction]
- **43770** - Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) [not covered if history of prior Roux-en-Y gastric bypass or sleeve gastrectomy] [not covered with gastric plication]
- **43842** - Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- **43843** -Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty [not covered for transoral gastroplasty (TG), vertical

sutured gastroplasty, endoluminal vertical gastroplasty, endoscopic sleeve gastroplasty]
[not covered for open gastric banding]

- **43845** - Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
- **43846** - Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- **43847** - Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy with small intestine reconstruction to limit absorption

CHANGE / REVIEW HISTORY

Date	Revisions made