

# Distinct unbundled modifier reimbursement policy

Policy effective date: Sept. 23, 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 below:

## 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, pyloruspreserving 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