



of Tennessee

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Upcoming Code Edits (Effective Feb. 1, 2020)

Beginning Feb. 1, 2020, we'll implement the following new coding guidelines for:

- **Editing for Procedure/ Revenue Code conflict**
- **Diagnosis Code Guideline Policy - ICD-10-CM Sequela (7th character "S") Codes**
- **Place of Service Policy - Mutually Exclusive Places of Service**
- **Radiation Oncology Policy**

| Coding Policy | Description |
|--|---|
| Editing for Procedure/ Revenue Code conflict | Effective Feb. 1, 2020, facility claims with a mismatched procedure and revenue codes as determined by the Uniform Billing Editor, will be denied. BlueCross uses the OPTUM Uniform Billing (UB) Editor for reference on revenue code assignments, unless otherwise noted in facility contracts. For more coding and reimbursement details, please refer to the BlueCross Facility Fee Schedule Reimbursement Methodology Policy in the Billing & Reimbursement section (VI) of the BlueCross BlueShield of Tennessee Provider Administration Manual. |
| Diagnosis Code Guideline Policy - ICD-10-CM Sequela (7th character "S") Codes | According to the ICD-10-CM guidelines, a sequela (7th character "S") code cannot be listed as either the primary, first-listed, principal or as the only diagnosis on a claim. Coding of a sequela requires reporting of the condition or nature of the sequela sequenced first, followed by the sequela (7th character "S") code. If any procedure or service is billed as the primary, first-listed, principal or as the only diagnosis on the claim and is one of the listed ICD-10 sequela (7th character "S") codes, the procedure or service will be denied as inappropriately coded. |
| Place of Service Policy - Mutually Exclusive Places of Service | According to CMS Policy, the place of service code used should indicate the setting in which the patient received a face-to-face encounter or where the technical component of a service was rendered, in the case of an interpretation. When a patient is in a registered inpatient status, all services billed by all providers should reflect and acknowledge the patient's inpatient status. |
| Radiation Oncology Policy | According to CMS, a separate payment is not allowed for Intensity Modulated Radiation Treatment (IMRT) planning services billed within 14 days of IMRT treatment planning for the same condition. |