BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| A0080 | A0090 | BCBST | Procedure redundant to a portion of the listed procedure in that it describes essentially a component of the listed procedure with an incompatible variation or only a minor variation. |
| A0426 | Q3017 | BCBST | Edited code not allowed if used to report advanced life support assessment included in the listed service. |
| A0427 | Q3017 | BCBST | Edited code not allowed if used to report advanced life support assessment included in the listed service. |
| A4221 | A4206 | CMS | The edited code is a component of the listed code |
| A4221 | A4207 | CMS | The edited code is a component of the listed code |
| A4221 | A4208 | CMS | The edited code is a component of the listed code |
| A4221 | A4209 | CMS | The edited code is a component of the listed code |
| A4221 | A4210 | CMS | The edited code is a component of the listed code |
| A4221 | A4211 | CMS | The edited code is a component of the listed code |
| A4221 | A4212 | CMS | The edited code is a component of the listed code |
| A4221 | A4213 | CMS | The edited code is a component of the listed code |
| A4221 | A4215 | CMS | The edited code is a component of the listed code |
| A4221 | A4216 | CMS | The edited code is a component of the listed code |
| A4221 | A4220 | CMS | The edited code is a component of the listed code |
| A4221 | A4245 | CMS | The edited code is a component of the listed code |
| A4221 | A4305 | CMS | The edited code is a component of the listed code |
| A4221 | A4306 | CMS | The edited code is a component of the listed code |
| A4221 | A4547 | CMS | The edited code is a component of the listed code |
| A4221 | J1642 | CMS | The edited code is a component of the listed code |
| A4222 | A4206 | CMS | The edited code is a component of the listed code |
| A4222 | A4207 | CMS | The edited code is a component of the listed code |
| A4222 | A4208 | CMS | The edited code is a component of the listed code |
| A4222 | A4209 | CMS | The edited code is a component of the listed code |
| A4222 | A4210 | CMS | The edited code is a component of the listed code |
| A4222 | A4211 | CMS | The edited code is a component of the listed code |
| A4222 | A4212 | CMS | The edited code is a component of the listed code |
| A4222 | A4213 | CMS | The edited code is a component of the listed code |
| A4222 | A4215 | CMS | The edited code is a component of the listed code |
| A4222 | A4216 | CMS | The edited code is a component of the listed code |
| A4222 | A4220 | CMS | The edited code is a component of the listed code |
| A4222 | A4245 | CMS | The edited code is a component of the listed code |
| A4222 | A4305 | CMS | The edited code is a component of the listed code |
| A4222 | A4306 | CMS | The edited code is a component of the listed code |
| A4222 | A4547 | CMS | The edited code is a component of the listed code |
| A4222 | J1642 | CMS | The edited code is a component of the listed code |
| A4223 | A4206 | CMS | The edited code is a component of the listed code |
| A4223 | A4207 | CMS | The edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 1 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| A4223 | A4208 | CMS | The edited code is a component of the listed code |
| A4223 | A4209 | CMS | The edited code is a component of the listed code |
| A4223 | A4210 | CMS | The edited code is a component of the listed code |
| A4223 | A4211 | CMS | The edited code is a component of the listed code |
| A4223 | A4212 | CMS | The edited code is a component of the listed code |
| A4223 | A4213 | CMS | The edited code is a component of the listed code |
| A4223 | A4215 | CMS | The edited code is a component of the listed code |
| A4223 | A4216 | CMS | The edited code is a component of the listed code |
| A4223 | A4220 | CMS | The edited code is a component of the listed code |
| A4223 | A4245 | CMS | The edited code is a component of the listed code |
| A4223 | A4305 | CMS | The edited code is a component of the listed code |
| A4223 | A4306 | CMS | The edited code is a component of the listed code |
| A4223 | A4547 | CMS | The edited code is a component of the listed code |
| A4223 | J1642 | CMS | The edited code is a component of the listed code |
| A4261 | A4261 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4281 | A4281 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4282 | A4282 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4283 | A4283 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4284 | A4284 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4286 | A4286 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4311 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4311 | A4311 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4311 | A4338 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |
| A4312 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4312 | A4311 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4312 | A4312 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4312 | A4344 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 2 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|--------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| A4313 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4313 | A4311 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4313 | A4312 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4313 | A4313 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4313 | A4346 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |
| A4314 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4314 | A4311 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4314 | A4312 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4314 | A4313 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4314 | A4314 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4314 | A4338 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |
| A4314 | A4354 | BCBST | Edited code not allowed if used to report insertion tray with drainage bag included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4315 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4315 | A4311 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4315 | A4312 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4315 | A4313 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4315 | A4314 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4315 | A4315 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 3 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| A4315 | A4344 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |
| A4315 | A4354 | BCBST | Edited code not allowed if used to report insertion tray with drainage bag included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4316 | A4310 | BCBST | Edited code not allowed if used to report insertion tray included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4316 | A4311 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4316 | A4312 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4316 | A4313 | BCBST | Edited code not allowed if used to report insertion tray with Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4316 | A4314 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4316 | A4315 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4316 | A4316 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4316 | A4346 | BCBST | Edited code not allowed if used to report Foley catheter included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing Foley catheter replacement. |
| A4316 | A4354 | BCBST | Edited code not allowed if used to report insertion tray with drainage bag included in the listed supply. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4320 | A4322 | BCBST | Edited code not allowed if used to report bulb or piston syringe included in the listed supply. |
| A4338 | A4338 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4340 | A4338 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4340 | A4340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4344 | A4338 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4344 | A4340 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4344 | A4344 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 4 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | 0 | Patternale |
|---------------|-----------|--------|---|
| Code | Code | Source | Rationale |
| A4346 | A4338 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4346 | A4340 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4346 | A4344 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. Reimbursement may be appropriate if patient's condition is of long term standing and requires ongoing catheter replacement. |
| A4346 | A4346 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4375 | A4361 | BCBST | Edited code not allowed if used to report ostomy faceplate included in the listed supply. |
| A4376 | A4361 | BCBST | Edited code not allowed if used to report ostomy faceplate included in the listed supply. |
| A4379 | A4361 | BCBST | Edited code not allowed if used to report ostomy faceplate included in the listed supply. |
| A4380 | A4361 | BCBST | Edited code not allowed if used to report ostomy faceplate included in the listed supply. |
| A4387 | A4362 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4388 | A4385 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4389 | A4362 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4390 | A4385 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4391 | A4385 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4392 | A4362 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4393 | A4385 | BCBST | Edited code not allowed if used to report skin barrier included in the listed supply. |
| A4458 | A4458 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4470 | A4470 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4480 | A4480 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4561 | A4561 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4562 | A4561 | BCBST | Edited code redundant to a portion of the listed code in that it describes essentially a component of the listed code with an incompatible variation or only a minor variation. |
| A4562 | A4562 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4606 | A4606 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4611 | A4611 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4612 | A4612 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 5 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| A4613 | A4613 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4614 | A4614 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4614 | S1015 | BCBST | Edited code error - may be reimbursed if medically indicated. |
| A4614 | S1016 | BCBST | Edited code error - may be reimbursed if medically indicated. |
| A4660 | A4660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4660 | A4663 | BCBST | Edited code not allowed if used to report additional blood pressure cuff included in the listed supply. |
| A4663 | A4663 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4670 | A4670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4931 | A4931 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A4932 | A4932 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A7025 | A7025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| A7026 | A7026 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| B4034 | B4035 | BCBST | Edited code is an alternate method of the listed code. |
| B4034 | B4036 | BCBST | Edited code is an alternate method of the listed code |
| B4034 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4034 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 6 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| B4034 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional |
| B4034 | B4222 | BCBST | clinical instances, both may be medically indicated. Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B9000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4034 | B9002 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4034 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4034 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4035 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 7 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B4035 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4035 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4035 | BCBST | The edited enteral supply code is redundant to the listed code in that it describes a supply for enteral feeding that is an alternative method of providing enteral feeding. One method, but not both, are typically used. |
| B4036 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4036 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 8 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B4036 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B9000 | BCBST | The edited enteral supply code is redundant to the listed code in that it describes a supply for enteral feeding that is an alternative method of providing enteral feeding. One method, but not both, are typically used. |
| B4036 | B9002 | BCBST | The edited enteral supply code is redundant to the listed code in that it describes a supply for enteral feeding that is an alternative method of providing enteral feeding. One method, but not both, are typically used. |
| B4036 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4036 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4081 | B4082 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| B4086 | B4081 | BCBST | The edited supply code would rarely be needed in conjunction with the listed code. The listed supply, or the edited supply, but not both, would typically be used in a given patient. |
| B4086 | B4082 | BCBST | The edited supply code would rarely be needed in conjunction with the listed code. The listed supply, or the edited supply, but not both, would typically be used in a given patient. |
| B4086 | B4083 | BCBST | The edited supply code would rarely be needed in conjunction with the listed code. The listed supply, or the edited supply, but not both, would typically be used in a given patient. |
| B4102 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 9 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| B4102 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4102 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4103 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4104 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 10 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ | |
|-----------------------|-------------------|--------|---|------|
| Comprehensive Code | Component Code | Source | Rationale | |
| B4104 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4104 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4149 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4150 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exception clinical instances, both may be medically indicated. | onal |
| B4150 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exception clinical instances, both may be medically indicated. | onal |
| B4150 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exception clinical instances, both may be medically indicated. | onal |
| B4150 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exception clinical instances, both may be medically indicated. | onal |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 11 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale | |
|--------------------|-------------------|--------|--|----------------|
| B4150 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4150 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4150 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4152 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 12 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale | |
|--------------------|-------------------|--------|--|----------------|
| B4152 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4152 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4153 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 13 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale | |
|-----------------------|-------------------|--------|--|----------------|
| B4153 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4153 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. | |
| B4154 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |
| B4154 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. clinical instances, both may be medically indicated. | In exceptional |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 14 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| B4154 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4154 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4154 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4154 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4154 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4155 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4155 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 15 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| B4155 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B4157 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4157 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |

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Source: PNC-CARR Page 16 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| B4158 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4158 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4159 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 17 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| B4160 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4160 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4161 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 18 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| B4162 | B4164 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4168 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4172 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4176 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4178 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4180 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4184 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4185 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4186 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4189 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4193 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4197 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4199 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4216 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4220 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4222 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B4224 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B5000 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B5100 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B5200 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B9004 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B9006 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4162 | B9999 | BCBST | Edited code is part of an alternate method than the listed code. |
| B4164 | B4180 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4164 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4164 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4164 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4164 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4164 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4164 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4164 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4164 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4168 | B4172 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4168 | B4176 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 19 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B4168 | B4178 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4168 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4168 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4168 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4168 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4168 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4168 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4168 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4168 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4172 | B4176 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4172 | B4178 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4172 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4172 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4172 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4172 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4172 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4172 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4172 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4172 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4176 | B4178 | BCBST | Edited code is alternate solution of different strength. One strength, not both, typically used. |
| B4176 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4176 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4176 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4176 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4176 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4176 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4176 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 20 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| B4176 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4178 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4178 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4178 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4178 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4178 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4178 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4178 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4178 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4180 | B4189 | BCBST | The edited parenteral supply code is redundant to the listed code in that it describes a supply for parenteral feeding that is an alternate solution for parenteral feeding. One method, but not both, are typically used. |
| B4180 | B4193 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4180 | B4197 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4180 | B4199 | BCBST | Premix parenteral solutions not typically required with homemix solutions. |
| B4180 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4180 | B5000 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4180 | B5100 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4180 | B5200 | BCBST | Edited code is an alternate solution for parenteral therapy. One method, not both, typically used. |
| B4189 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 21 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B4189 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4189 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4193 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4197 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 22 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B4199 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4199 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B4220 | B4216 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both typically used. |
| B4222 | B4189 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4222 | B4193 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4222 | B4197 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4222 | B4199 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B4222 | B4220 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typical used. |
| B5000 | B4216 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typically used. |
| B5000 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 23 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B5000 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5000 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | B4216 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typically used. |
| B5100 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5100 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | B4216 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | B4216 | BCBST | Edited code is part of an alternate method for parenteral therapy. One method, not both, typically used. |
| B5200 | J0610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J0620 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J0636 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1270 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1610 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1644 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1756 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1815 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J1955 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J2916 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J3411 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J3415 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J3420 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J3430 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 24 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| B5200 | J3475 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B5200 | J3480 | BCBST | Additives not typically required with premixed parenteral nutrition solutions. |
| B9000 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4185 | BCBST | Edited code is part of an alternate method of therapy. One method, not both, typically used. |
| B9000 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B9000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| B9000 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9000 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 25 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| B9002 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4185 | BCBST | Edited code is part of an alternate method of therapy. One method, not both, typically used. |
| B9002 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B9000 | BCBST | Edited code redundant to the listed code in that it describes the major component of the listed code. |
| B9002 | B9002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| B9002 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9002 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9004 | B9004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| B9004 | B9006 | BCBST | Edited code is an alternate type of parenteral pump. Only one type usually used. |
| B9006 | B9006 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 26 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| B9998 | B4034 | BCBST | Edited code may be redundant to the listed code if the listed code is used as an alternative method of reporting the edited supply. |
| B9998 | B4164 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4168 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4172 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4176 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4178 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4180 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4185 | BCBST | Edited code is part of an alternate method of therapy. One method, not both, typically used. |
| B9998 | B4189 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4193 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4197 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4199 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4216 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4220 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4222 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B4224 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B5000 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B5100 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B5200 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B9004 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B9006 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| B9998 | B9999 | BCBST | Enteral nutrition typically not provided along with parenteral nutrition. In exceptional clinical instances, both may be medically indicated. |
| C1721 | C1721 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1721 | C1722 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 27 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| C1721 | C1882 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1722 | C1722 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1722 | C1882 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1730 | C1730 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1730 | C1732 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1730 | C1733 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1731 | C1730 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1731 | C1731 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1731 | C1732 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1731 | C1733 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1732 | C1732 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1733 | C1732 | BCBST | The listed and edited codes are mutually exclusive supplies or devices. One or the other, but not both, would be used in a patient. |
| C1733 | C1733 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1750 | C1750 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1759 | C1759 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1764 | C1764 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1767 | C1767 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1772 | C1772 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1785 | C1785 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1785 | C1786 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1785 | C2619 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1785 | C2620 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1785 | C2621 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1786 | C1786 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 28 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| | | | |
| C1786 | C2619 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1786 | C2620 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1786 | C2621 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1813 | C1813 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1813 | C2622 | BCBST | The listed and edited prosthesis codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C1874 | C1874 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1874 | C1875 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1874 | C1876 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1874 | C1877 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1875 | C1875 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1875 | C1877 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1876 | C1875 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1876 | C1876 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1876 | C1877 | BCBST | The listed and edited stent codes are mutually exclusive. In most clinical instances, one or the other, but not both, would be used in a patient. |
| C1877 | C1877 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1882 | C1882 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1891 | C1891 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1895 | C1895 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C1895 | C1896 | BCBST | The listed and edited lead codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C2619 | C2619 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C2619 | C2620 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C2619 | C2621 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |
| C2620 | C2620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C2620 | C2621 | BCBST | The listed and edited pacemaker codes are mutually exclusive. One or the other, but not both, would be used in a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 29 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| C2621 | C2621 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C2622 | C2622 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C2626 | C2626 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8900 | 76001 | NCCI | Misuse of column two code with column one code |
| C8900 | C8900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8901 | 76001 | NCCI | Misuse of column two code with column one code |
| C8901 | C8901 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8902 | 76001 | NCCI | Misuse of column two code with column one code |
| C8902 | C8900 | BCBST | The edited code is a component of the listed code when performed during the same session. Code C8900 and code C8901 rebundle to code C8902. |
| C8902 | C8901 | BCBST | The edited code is a component of the listed code when performed during the same session. |
| C8902 | C8902 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8903 | 76001 | NCCI | Misuse of column two code with column one code |
| C8903 | C8903 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8904 | 76001 | NCCI | Misuse of column two code with column one code |
| C8904 | C8904 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8905 | 76001 | NCCI | Misuse of column two code with column one code |
| C8905 | C8903 | BCBST | The edited code is a component of the listed code when performed during the same session. Code C8903 and code C8904 rebundle to code C8905. |
| C8905 | C8904 | BCBST | The edited code is a component of the listed code when performed during the same session. |
| C8905 | C8905 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8906 | 76001 | NCCI | Misuse of column two code with column one code |
| C8906 | C8903 | BCBST | The edited code is considered an integral component of the listed code. |
| C8906 | C8904 | BCBST | The edited code is considered an integral component of the listed code. |
| C8906 | C8905 | BCBST | The edited code is considered an integral component of the listed code. |
| C8906 | C8906 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8907 | 76001 | NCCI | Misuse of column two code with column one code |
| C8907 | C8903 | BCBST | The listed and edited codes are mutually exclusive. |
| C8907 | C8904 | BCBST | The edited code is considered an integral component of the listed code. |
| C8907 | C8905 | BCBST | The listed and edited codes are mutually exclusive. |
| C8907 | C8907 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8908 | 76001 | NCCI | Misuse of column two code with column one code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 30 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| C8908 | C8903 | BCBST | The edited code is considered an integral component of the listed code. |
| C8908 | C8904 | BCBST | The edited code is considered an integral component of the listed code. |
| C8908 | C8905 | BCBST | The edited code is considered an integral component of the listed code. |
| C8908 | C8906 | BCBST | The edited code is a component of the listed code when performed during the same session. Code C8906 and code C8907 rebundle to code C8908. |
| C8908 | C8907 | BCBST | The edited code is a component of the listed code when performed during the same session. |
| C8908 | C8908 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8909 | 76001 | NCCI | Misuse of column two code with column one code |
| C8909 | C8909 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8910 | 76001 | NCCI | Misuse of column two code with column one code |
| C8910 | C8910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8911 | 76001 | NCCI | Misuse of column two code with column one code |
| C8911 | C8909 | BCBST | The edited code is a component of the listed code when performed during the same session. Code C8909 and code C8910 rebundle to code C8911. |
| C8911 | C8910 | BCBST | The edited code is a component of the listed code when performed during the same session. |
| C8911 | C8911 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8912 | 76001 | NCCI | Misuse of column two code with column one code |
| C8912 | C8912 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8913 | 76001 | NCCI | Misuse of column two code with column one code |
| C8913 | C8913 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8914 | 76001 | NCCI | Misuse of column two code with column one code |
| C8914 | C8912 | BCBST | The edited code is a component of the listed code when performed during the same session. Code C8912 and code C8913 rebundle to code C8914. |
| C8914 | C8913 | BCBST | The edited code is a component of the listed code when performed during the same session. |
| C8914 | C8914 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| C8918 | 76001 | NCCI | Misuse of column two code with column one code |
| C8919 | 76001 | NCCI | Misuse of column two code with column one code |
| C8920 | 76001 | NCCI | Misuse of column two code with column one code |
| D0120 | D0170 | BCBST | The edited code is incompatible with the listed code when performed at the same session as the listed procedure. |
| D0140 | D0170 | BCBST | The edited code is incompatible with the listed code when performed at the same session as the listed procedure. |
| D0150 | D0170 | BCBST | The edited code is incompatible with the listed code when performed at the same session as the listed procedure. |
| D0160 | D0170 | BCBST | The edited code is incompatible with the listed code when performed at the same session as the listed procedure. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 31 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D0180 | D0120 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D0180 | D0140 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D0180 | D0150 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D0180 | D0160 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D0180 | D0170 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D0180 | D1310 | BCBST | The discussion with the patient of care management is considered a part of the listed procedure. |
| D0180 | D1320 | BCBST | The discussion with the patient of care management is considered a part of the listed procedure. |
| D0180 | D1330 | BCBST | The discussion with the patient of care management is considered a part of the listed procedure. |
| D0180 | D9110 | BCBST | This code is redundant to the listed code in that it describes services or procedures essentially covered under the listed service or procedure. |
| D5916 | V2623 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| D5916 | V2629 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| D9212 | 64400 | BCBST | Edited code not allowed if used to report anesthesia services included in the listed service. |
| D9220 | 00100 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00102 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00103 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00104 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00120 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00124 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00126 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00140 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00142 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 32 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00144 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00145 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00147 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00148 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00160 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00162 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00164 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00170 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00172 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00174 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00176 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00190 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00192 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00210 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00212 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00214 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00215 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 33 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9220 | 00216 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00218 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00220 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00222 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00300 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00320 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00322 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00350 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00352 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00400 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00402 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00404 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00406 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00410 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00450 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00452 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00454 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 34 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00470 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00472 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00474 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00500 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00520 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00522 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00524 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00528 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00530 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00532 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00534 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00537 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00540 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00542 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00546 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00548 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00550 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 35 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00560 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00562 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00563 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00566 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00580 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00600 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00604 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00620 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00622 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00630 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00632 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00634 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00635 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00670 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00700 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00702 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00730 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 36 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00740 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00750 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00752 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00754 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00756 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00770 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00790 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00792 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00794 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00796 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00797 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00800 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00802 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00810 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00820 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00830 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00832 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 37 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00840 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00842 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00844 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00846 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00848 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00851 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00860 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00862 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00864 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00865 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00866 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00868 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00870 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00872 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00873 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00880 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00882 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 38 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00902 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00904 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00906 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00908 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00910 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00912 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00914 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00916 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00918 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00920 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00922 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00924 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00926 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00928 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00930 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00932 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00934 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 39 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 00936 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00938 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00940 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00942 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00944 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00948 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00950 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 00952 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01112 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01120 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01130 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01140 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01150 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01160 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01170 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01180 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01190 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 40 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 01200 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01202 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01210 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01212 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01214 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01215 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01220 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01230 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01232 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01234 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01250 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01260 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01270 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01272 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01274 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01320 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01340 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 41 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 01360 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01380 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01382 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01390 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01392 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01400 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01402 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01404 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01420 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01430 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01432 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01440 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01442 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01444 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01462 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01464 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01470 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 42 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9220 | 01472 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01474 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01480 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01482 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01484 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01486 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01490 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01500 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01502 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01520 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01522 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01610 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01620 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01622 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01630 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01634 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01636 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 43 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 01638 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01650 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01652 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01654 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01656 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01670 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01680 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01682 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01710 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01712 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01714 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01716 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01730 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01732 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01740 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01742 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01744 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 44 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9220 | 01756 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01758 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01760 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01770 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01772 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01780 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01782 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01810 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01820 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01830 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01832 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01840 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01842 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01844 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01850 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01852 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01860 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 45 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 01916 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01920 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01922 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01924 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01925 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01926 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01930 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01931 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01932 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01933 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01951 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01952 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01953 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01960 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01961 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01962 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01963 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 46 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9220 | 01967 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01968 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01969 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01990 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01996 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9220 | 01999 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00100 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00102 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00103 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00104 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00120 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00124 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00126 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00140 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00142 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00144 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00145 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 47 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00147 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00148 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00160 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00162 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00164 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00170 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00172 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00174 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00176 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00190 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00192 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00210 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00212 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00214 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00215 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00216 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00218 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 48 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00220 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00222 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00300 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00320 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00322 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00350 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00352 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00400 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00402 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00404 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00406 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00410 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00450 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00452 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00454 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00470 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00472 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 49 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00474 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00500 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00520 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00522 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00524 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00528 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00530 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00532 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00534 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00537 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00540 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00542 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00546 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00548 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00550 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00560 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00562 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 50 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00563 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00566 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00580 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00600 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00604 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00620 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00622 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00630 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00632 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00634 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00635 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00670 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00700 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00702 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00730 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00740 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00750 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 51 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9221 | 00752 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00754 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00756 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00770 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00790 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00792 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00794 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00796 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00797 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00800 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00802 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00810 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00820 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00830 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00832 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00840 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00842 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 52 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00844 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00846 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00848 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00851 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00860 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00862 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00864 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00865 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00866 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00868 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00870 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00872 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00873 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00880 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00882 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00902 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00904 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 53 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00906 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00908 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00910 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00912 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00914 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00916 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00918 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00920 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00922 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00924 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00926 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00928 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00930 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00932 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00934 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00936 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00938 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 54 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 00940 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00942 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00944 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00948 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00950 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 00952 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01112 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01120 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01130 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01140 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01150 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01160 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01170 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01180 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01190 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01200 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01202 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 55 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9221 | 01210 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01212 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01214 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01215 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01220 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01230 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01232 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01234 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01250 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01260 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01270 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01272 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01274 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01320 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01340 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01360 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01380 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 56 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9221 | 01382 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01390 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01392 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01400 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01402 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01404 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01420 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01430 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01432 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01440 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01442 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01444 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01462 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01464 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01470 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01472 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01474 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 57 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9221 | 01480 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01482 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01484 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01486 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01490 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01500 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01502 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01520 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01522 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01610 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01620 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01622 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01630 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01634 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01636 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01638 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01650 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 58 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 01652 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01654 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01656 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01670 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01680 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01682 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01710 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01712 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01714 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01716 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01730 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01732 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01740 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01742 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01744 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01756 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01758 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 59 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 01760 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01770 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01772 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01780 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01782 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01810 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01820 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01830 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01832 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01840 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01842 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01844 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01850 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01852 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01860 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01916 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01920 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 60 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| D9221 | 01922 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01924 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01925 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01926 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01930 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01931 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01932 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01933 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01951 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01952 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01953 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01960 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01961 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01962 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01963 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01967 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01968 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 61 of 643

BlueCross BlueShield of Tennessee **Commercial and Medicaid Code Bundling Rules**

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| D9221 | 01969 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01990 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01996 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| D9221 | 01999 | BCBST | This CPT code represents essentially the same or very similar anesthesia services as the listed HCPCS code. In general, one or the other, but not both, may be reported. |
| E0110 | E0110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0110 | E0111 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0110 | E0112 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0110 | E0113 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0110 | E0114 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0110 | E0116 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0110 | E0117 | BCBST | The edited crutch code is considered an incompatible item to the listed code. |
| E0111 | E0113 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0111 | E0116 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0111 | E0117 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0112 | E0111 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0112 | E0112 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0112 | E0113 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0112 | E0114 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0112 | E0116 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0112 | E0117 | BCBST | The edited crutch code is considered an incompatible item to the listed code. |
| E0113 | E0116 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0113 | E0117 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0114 | E0111 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0114 | E0113 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0114 | E0114 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0114 | E0116 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0114 | E0117 | BCBST | The edited crutch code is considered an incompatible item to the listed code. |
| E0116 | E0117 | BCBST | The edited crutch code is considered a redundant item to the listed code. |
| E0130 | E0130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0130 | E0135 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0130 | E0141 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0130 | E0143 | BCBST | The edited walker code is considered redundant to the listed walker code. |

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05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 62 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0130 | E0144 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0130 | E0147 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0130 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0130 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0135 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0135 | E0141 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0143 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0144 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0147 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0135 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0141 | E0141 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0141 | E0143 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0141 | E0144 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0141 | E0147 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0141 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0141 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0143 | E0143 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0143 | E0144 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0143 | E0147 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0143 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0143 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0144 | E0144 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0144 | E0147 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0144 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0144 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0147 | E0147 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0147 | E0148 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0147 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0148 | E0148 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0148 | E0149 | BCBST | The edited walker code is considered redundant to the listed walker code. |
| E0149 | E0149 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0160 | E0160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0161 | E0160 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 63 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0161 | E0161 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0163 | E0163 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0163 | E0165 | BCBST | The edited commode chair code is considered redundant to or an integral component of the listed code. |
| E0163 | E0168 | BCBST | The edited commode chair code is considered redundant to or an integral component of the listed code. |
| E0168 | E0168 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0168 | E0169 | BCBST | The edited commode chair code is considered redundant to or an integral component of the listed code. |
| E0181 | E0181 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0182 | E0182 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0184 | E0184 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0185 | E0185 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0186 | E0186 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0187 | E0187 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0188 | E0188 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0189 | E0189 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0193 | E0193 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0194 | E0194 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0196 | E0196 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0197 | E0197 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0198 | E0197 | BCBST | The edited air pad code is considered redundant to the listed code. |
| E0198 | E0198 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0199 | E0199 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0200 | E0200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0202 | E0202 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0203 | E0203 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0205 | E0200 | BCBST | The edited heat lamp code is considered a redundant item to the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 64 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0205 | E0205 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0210 | E0210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0215 | E0210 | BCBST | The edited heat pad code is considered redundant to the listed code. |
| E0215 | E0215 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0217 | E0217 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0218 | E0218 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0220 | E0220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0221 | E0221 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0225 | E0225 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0225 | E0239 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| E0230 | E0230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0231 | E0231 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0232 | E0232 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0235 | E0235 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0236 | E0236 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0238 | E0238 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0239 | E0239 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0250 | E0250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0250 | E0251 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0255 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0256 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0260 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0261 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 65 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0250 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0250 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0250 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0250 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0250 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0251 | E0251 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0251 | E0255 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0256 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0260 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0261 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 66 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0251 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0251 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0251 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0255 | E0255 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0255 | E0256 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0260 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0261 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0255 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0255 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0255 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0255 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0256 | E0256 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0256 | E0260 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0261 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 67 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0256 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0256 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0256 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0260 | E0260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0260 | E0261 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0260 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0260 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 68 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0260 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0260 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0260 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0261 | E0261 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0261 | E0265 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0261 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0261 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0265 | E0265 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0265 | E0266 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0265 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0265 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 69 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0265 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0265 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0265 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0266 | E0266 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0266 | E0270 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0266 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0266 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0270 | E0270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0270 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0270 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0270 | E0290 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 70 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0270 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0270 | E0305 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0270 | E0310 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0271 | E0271 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0272 | E0272 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0273 | E0273 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0274 | E0274 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0275 | E0275 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0276 | E0276 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0277 | E0277 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0280 | E0280 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0290 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0290 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0290 | E0290 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0290 | E0291 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0290 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0291 | E0291 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0291 | E0292 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0291 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0291 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 71 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0291 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0291 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0291 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0292 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0292 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0292 | E0292 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0292 | E0293 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0292 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0292 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0292 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0292 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0293 | E0293 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0293 | E0294 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0293 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0293 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0293 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0294 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0294 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0294 | E0294 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0294 | E0295 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0294 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0294 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0295 | E0295 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0295 | E0296 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0295 | E0297 | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0296 | E0271 | BCBST | The edited code is considered an integral component of the listed hospital bed. |
| E0296 | E0272 | BCBST | The edited code is considered an integral component of the listed hospital bed. |

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Source: PNC-CARR Page 72 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compo | | Source | Rationale |
|-----------------------|----|-------|----|--------|---|
| E0296 | | E0296 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0296 | | E0297 | | BCBST | The edited hospital bed code is considered redundant to the listed hospital bed code. |
| E0297 | | E0297 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0305 | | E0305 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0310 | | E0305 | | BCBST | The edited side rail code is considered redundant to the listed side rail code. |
| E0310 | | E0310 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0316 | | E0316 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0350 | | E0350 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0352 | | E0352 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0370 | | E0370 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0371 | | E0371 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0372 | | E0372 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0373 | | E0373 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0424 | RR | A4608 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A4615 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A4616 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A4617 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A4619 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A4620 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | A7525 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | | E0424 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0424 | RR | E0434 | RR | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0424 | RR | E0439 | RR | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0424 | | E0441 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0424 | RR | E0441 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 73 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| E0424 | RR | E0442 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0424 | RR | E0443 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0444 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0424 | RR | E0455 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0455 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0455 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0580 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0580 | UE | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E0580 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E1353 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0424 | RR | E1355 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0425 | | E0424 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0425 | | E0424 | | BCBST | The edited gas system code is considered redundant to the listed gas system code. |
| E0425 | | E0425 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0425 | | E0434 | RR | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0425 | | E0435 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0425 | | E0439 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0425 | | E0440 | | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0425 | | E0441 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0425 | | E0442 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0430 | | E0430 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0430 | | E0431 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 74 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| E0430 | | E0431 | | BCBST | The edited gas system code is considered redundant to the listed gas system code. |
| E0430 | | E0434 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0430 | | E0443 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0430 | | E0444 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0431 | RR | A4608 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A4615 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A4616 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A4617 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A4619 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A4620 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | A7525 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0431 | RR | CMS | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0431 | | E0431 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0431 | | E0443 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0431 | RR | E0455 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0455 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0455 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0580 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0580 | UE | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E0580 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E1353 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0431 | RR | E1355 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 75 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| E0431 | RR | K0738 | RR | CMS | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0434 | RR | A4608 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A4615 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A4616 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A4617 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A4619 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A4620 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | A7525 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0434 | RR | CMS | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0434 | RR | E0434 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0434 | RR | E0444 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0434 | RR | E0455 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0455 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0455 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0580 | UE | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0580 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E0580 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E1353 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0434 | RR | E1355 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0435 | | E0434 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0435 | | E0434 | | BCBST | The edited gas system code is considered redundant to the listed gas system code. |
| E0435 | | E0435 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 76 of 643

BlueCross BlueShield of Tennessee **Commercial and Medicaid Code Bundling Rules**

| Comprehensive Code | | Compoi Cod | | Source | Rationale |
|-----------------------|----|---------------|----|--------|---|
| E0435 | | E0444 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0439 | RR | A4608 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A4615 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A4616 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A4617 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A4619 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A4620 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | A7525 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | | E0439 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0439 | RR | E0441 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0439 | | E0442 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0439 | RR | E0442 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0443 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E0439 | RR | E0444 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0455 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0455 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0455 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0580 | UE | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 77 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compo | | Source | Rationale |
|--------------------|----|-------|----|--------|--|
| E0439 | RR | E0580 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E0580 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E1353 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0439 | RR | E1355 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E0440 | | E0439 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E0440 | | E0439 | | BCBST | The edited gas system code is considered redundant to the listed gas system code. |
| E0440 | | E0440 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0440 | | E0442 | | BCBST | The edited code is often included as a component of the listed oxygen system; reimbursement may be appropriate if it is not a component of the listed system. |
| E0441 | | E0441 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0442 | | E0442 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0443 | | E0441 | | BCBST | The edited oxygen code is considered redundant to the listed oxygen code. |
| E0443 | | E0442 | | BCBST | The edited oxygen code is considered redundant to the listed oxygen code. |
| E0443 | | E0443 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0444 | | E0441 | | BCBST | The edited oxygen code is considered redundant to the listed oxygen code. |
| E0444 | | E0442 | | BCBST | The edited oxygen code is considered redundant to the listed oxygen code. |
| E0444 | | E0443 | | BCBST | The edited oxygen code is considered redundant to the listed oxygen code. |
| E0444 | | E0444 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0445 | | E0445 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0450 | | K0739 | | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | | A4483 | | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | | A4611 | | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | | A4612 | | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 78 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0450 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0450 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0450 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0460 | BCBST | The edited ventilator code is considered redundant to the listed ventilator code. |
| E0450 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0461 | BCBST | The edited ventilator code is considered redundant item to the listed ventilator code in that it represents an alternative device for ventilation. |
| E0450 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0450 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 79 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | _ |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| E0450 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0455 | E0455 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0457 | E0457 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0459 | E0459 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0460 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 80 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0460 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0460 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0461 | BCBST | The edited ventilator code is considered redundant item to the listed ventilator code in that it represents an alternative device for ventilation. |
| E0460 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0460 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 81 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | J |
|--------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| E0461 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0461 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0461 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 82 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | 3 |
|--------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| E0461 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0461 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0462 | E0462 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0463 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 83 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0463 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0463 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 84 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0464 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0464 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 85 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | J |
|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| E0480 | E0480 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0481 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 86 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0481 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0481 | E0481 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0481 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0482 | E0482 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0483 | E0483 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0484 | E0484 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0500 | K0739 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A4483 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A4611 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A4612 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 87 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0500 | A4613 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A4618 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A4620 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | A9901 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0450 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0460 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0461 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0463 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0464 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0481 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |
| E0500 | E0500 | CMS | Edited code is a component of the listed ventilator code. DME MAC Jurisdiction C Supplier Manual: Items requiring frequent and substantial servicing no payment is made for the purchase of equipment, maintenance and servicing, or for replacement of items in this category. Supplies and accessories are not allowed separately. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 88 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0500 | E0500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0550 | E0550 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0550 | E0555 | BCBST | The edited humidifier code is considered redundant to the listed humidifier code. |
| E0550 | E0560 | BCBST | The edited humidifier code is considered redundant to the listed humidifier code. |
| E0555 | E0555 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0560 | E0560 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0565 | E0565 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0570 | E0570 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0571 | E0571 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0572 | E0572 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0574 | E0574 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0575 | E0574 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| E0575 | E0575 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0580 | E0580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0585 | E0585 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0600 | E0600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0601 | E0601 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0602 | E0602 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0603 | E0602 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0603 | E0603 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0604 | E0602 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0604 | E0603 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0604 | E0604 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0605 | E0605 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0606 | E0606 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 89 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | Source | Rationale |
|-----------------|----|-------------------|--------|--|
| E0607 | | E0607 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0610 | | E0610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0615 | | E0610 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0615 | | E0615 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0616 | | E0616 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0617 | | E0617 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0618 | NU | A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | RR | A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | NU | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | RR | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | RR | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | NU | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | RR | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | NU | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | NU | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | RR | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0618 | | E0618 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0619 | NU | A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | RR | A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | NU | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | RR | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | NU | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | RR | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | NU | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | RR | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | RR | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | NU | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0619 | | E0618 | BCBST | Incompatible code combination or component. |
| E0619 | | E0619 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0620 | | E0620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0621 | | E0621 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0625 | | E0625 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 90 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0627 | E0627 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0628 | E0628 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0629 | E0629 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0630 | E0630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0635 | E0635 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0636 | E0636 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0650 | E0650 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0651 | E0650 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0651 | E0651 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0652 | E0650 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0652 | E0651 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0652 | E0652 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0655 | E0655 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0660 | E0660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0660 | E0666 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0665 | E0655 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0665 | E0665 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0666 | E0666 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0667 | E0667 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0667 | E0669 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0668 | E0668 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0669 | E0669 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0671 | E0671 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0671 | E0673 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 91 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensiv Code | re Component Code | Source | Rationale |
|----------------------|----------------------|--------|--|
| E0672 | E0672 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0673 | E0673 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0691 | E0691 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0692 | E0691 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0692 | E0692 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0693 | E0691 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0693 | E0692 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0693 | E0693 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0694 | E0691 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0694 | E0692 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0694 | E0693 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| E0694 | E0694 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0700 | E0700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0710 | E0710 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0720 RF | R A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 NU | J A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 NU | J A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 RF | R A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 NU | J A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 RF | R A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 NU | J A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 RF | R A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 NU | J A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 RF | R A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0720 | E0720 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0730 NU | J A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 92 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Compreho Cod | | Component Code | Source | Rationale |
|-----------------|----|-------------------|--------|--|
| E0730 | RR | A4556 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | NU | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | RR | A4557 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | NU | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | RR | A4558 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | NU | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | RR | A4595 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | NU | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | RR | A4630 | CMS | Edited code is a component of the listed code and is not separately billable. |
| E0730 | | E0720 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0730 | | E0730 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0731 | | E0731 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0740 | | E0740 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0744 | | E0744 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0745 | | E0745 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0746 | | E0746 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0747 | | E0747 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0748 | | E0748 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0749 | | E0749 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0755 | | E0755 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0760 | | E0760 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0761 | | E0761 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0765 | | E0765 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0776 | | E0776 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0779 | | E0779 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0779 | | E0780 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0780 | | E0780 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0781 | | E0779 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 93 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0781 | E0780 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0781 | E0781 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| E0781 | E0782 | NCCI | NCCI Mutually exclusive procedures |
| E0782 | E0782 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| E0783 | E0782 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| E0783 | E0783 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0783 | E0786 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0784 | E0784 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0785 | E0785 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0786 | E0786 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0791 | E0791 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0840 | E0840 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0850 | E0840 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0850 | E0850 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0855 | E0855 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0860 | E0860 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0870 | E0870 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0880 | E0870 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0880 | E0880 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0890 | E0890 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0900 | E0890 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E0900 | E0900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0910 | E0910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0920 | E0920 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0930 | E0920 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 94 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E0930 | E0930 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0935 | E0935 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0940 | E0940 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0941 | E0941 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0942 | E0942 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0944 | E0944 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0945 | E0945 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0946 | E0946 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0947 | E0947 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0948 | E0948 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0950 | E0950 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0958 | E0958 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0959 | E0959 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0961 | E0961 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0966 | E0966 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0967 | E0967 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0968 | E0968 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0969 | E0969 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0970 | E0970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0971 | E0971 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0973 | E0973 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0974 | E0974 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0978 | E0978 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E0980 | E0980 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 95 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E0992 | E0992 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1011 | E1011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1014 | E1014 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1020 | E1020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1031 | E1031 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1035 | E1035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1050 | E1050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1050 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 96 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1050 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1050 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1060 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 97 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1060 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1060 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1070 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1070 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 98 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1070 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1070 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1083 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1083 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 99 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1083 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1083 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1084 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1084 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 100 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1084 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1084 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1085 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1085 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 101 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1085 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1085 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1086 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1086 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 102 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1086 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1086 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1087 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1087 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 103 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1087 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1087 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1088 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1088 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Code bundling rules subject to additions, deletions, and/or revisions on a quarterly basis.

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 104 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1088 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1088 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1089 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1089 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 105 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1089 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1089 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1090 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 106 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1090 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1090 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1092 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1092 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 107 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1092 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1092 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1093 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1093 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1093 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1100 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 108 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1100 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1100 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1110 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 109 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1110 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1110 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1130 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Code bundling rules subject to additions, deletions, and/or revisions on a quarterly basis.

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 110 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1130 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1130 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1140 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1140 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1140 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1150 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 111 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1150 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1150 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1160 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 112 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| E1160 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1160 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1161 | E0967 | BCBST | Edited code is a component of the listed code |
| E1161 | E0981 | BCBST | Edited code is a component of the listed code |
| E1161 | E0982 | BCBST | Edited code is a component of the listed code |
| E1161 | E0995 | BCBST | Edited code is a component of the listed code |
| E1161 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1161 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1161 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 113 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1161 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1231 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1232 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1233 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1234 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1235 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | E2205 | BCBST | Edited code is a component of the listed code |
| E1161 | E2206 | BCBST | Edited code is a component of the listed code |
| E1161 | E2210 | BCBST | Edited code is a component of the listed code |
| E1161 | E2220 | BCBST | Edited code is a component of the listed code |
| E1161 | E2221 | BCBST | Edited code is a component of the listed code |
| E1161 | E2222 | BCBST | Edited code is a component of the listed code |
| E1161 | E2223 | BCBST | Edited code is a component of the listed code |
| E1161 | E2224 | BCBST | Edited code is a component of the listed code |
| E1161 | E2225 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 114 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1161 | E2226 | BCBST | Edited code is a component of the listed code |
| E1161 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1161 | K0015 | BCBST | Edited code is a component of the listed code |
| E1161 | K0017 | BCBST | Edited code is a component of the listed code |
| E1161 | K0018 | BCBST | Edited code is a component of the listed code |
| E1161 | K0019 | BCBST | Edited code is a component of the listed code |
| E1161 | K0042 | BCBST | Edited code is a component of the listed code |
| E1161 | K0043 | BCBST | Edited code is a component of the listed code |
| E1161 | K0044 | BCBST | Edited code is a component of the listed code |
| E1161 | K0045 | BCBST | Edited code is a component of the listed code |
| E1161 | K0046 | BCBST | Edited code is a component of the listed code |
| E1161 | K0047 | BCBST | Edited code is a component of the listed code |
| E1161 | K0050 | BCBST | Edited code is a component of the listed code |
| E1161 | K0052 | BCBST | Edited code is a component of the listed code |
| E1161 | K0069 | BCBST | Edited code is a component of the listed code |
| E1161 | K0070 | BCBST | Edited code is a component of the listed code |
| E1161 | K0071 | BCBST | Edited code is a component of the listed code |
| E1161 | K0072 | BCBST | Edited code is a component of the listed code |
| E1161 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1170 | E1170 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1170 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 115 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1170 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1170 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1171 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1171 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 116 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1171 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1171 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1172 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1172 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1172 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1180 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1180 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 117 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1180 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1180 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1190 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1190 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1195 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1195 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 118 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1195 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1195 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1200 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1200 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1220 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 119 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1220 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1220 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1221 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1221 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1221 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1222 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1222 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1222 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1223 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1223 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1223 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1224 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1224 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 120 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1224 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1224 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1225 | E1225 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1226 | E1226 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1227 | E1227 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1228 | E1228 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1229 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1229 | E0967 | BCBST | Edited code is a component of the listed code |
| E1229 | E0981 | BCBST | Edited code is a component of the listed code |
| E1229 | E0982 | BCBST | Edited code is a component of the listed code |
| E1229 | E0995 | BCBST | Edited code is a component of the listed code |
| E1229 | E2205 | BCBST | Edited code is a component of the listed code |
| E1229 | E2206 | BCBST | Edited code is a component of the listed code |
| E1229 | E2210 | BCBST | Edited code is a component of the listed code |
| E1229 | E2220 | BCBST | Edited code is a component of the listed code |
| E1229 | E2221 | BCBST | Edited code is a component of the listed code |
| E1229 | E2222 | BCBST | Edited code is a component of the listed code |
| E1229 | E2223 | BCBST | Edited code is a component of the listed code |
| E1229 | E2224 | BCBST | Edited code is a component of the listed code |
| E1229 | E2225 | BCBST | Edited code is a component of the listed code |
| E1229 | E2226 | BCBST | Edited code is a component of the listed code |
| E1229 | K0015 | BCBST | Edited code is a component of the listed code |
| E1229 | K0017 | BCBST | Edited code is a component of the listed code |
| E1229 | K0018 | BCBST | Edited code is a component of the listed code |
| E1229 | K0019 | BCBST | Edited code is a component of the listed code |
| E1229 | K0042 | BCBST | Edited code is a component of the listed code |
| E1229 | K0043 | BCBST | Edited code is a component of the listed code |
| E1229 | K0044 | BCBST | Edited code is a component of the listed code |
| E1229 | K0045 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 121 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1229 | K0046 | BCBST | Edited code is a component of the listed code |
| E1229 | K0047 | BCBST | Edited code is a component of the listed code |
| E1229 | K0050 | BCBST | Edited code is a component of the listed code |
| E1229 | K0052 | BCBST | Edited code is a component of the listed code |
| E1229 | K0069 | BCBST | Edited code is a component of the listed code |
| E1229 | K0070 | BCBST | Edited code is a component of the listed code |
| E1229 | K0071 | BCBST | Edited code is a component of the listed code |
| E1229 | K0072 | BCBST | Edited code is a component of the listed code |
| E1229 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1230 | E1230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1231 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1231 | E0967 | BCBST | Edited code is a component of the listed code |
| E1231 | E0981 | BCBST | Edited code is a component of the listed code |
| E1231 | E0982 | BCBST | Edited code is a component of the listed code |
| E1231 | E0995 | BCBST | Edited code is a component of the listed code |
| E1231 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 122 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1231 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1231 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1231 | E1232 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1233 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1234 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1235 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | E2205 | BCBST | Edited code is a component of the listed code |
| E1231 | E2206 | BCBST | Edited code is a component of the listed code |
| E1231 | E2210 | BCBST | Edited code is a component of the listed code |
| E1231 | E2220 | BCBST | Edited code is a component of the listed code |
| E1231 | E2221 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 123 of 643

BlueCross BlueShield of Tennessee **Commercial and Medicaid Code Bundling Rules**

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1231 | E2222 | BCBST | Edited code is a component of the listed code |
| E1231 | E2223 | BCBST | Edited code is a component of the listed code |
| E1231 | E2224 | BCBST | Edited code is a component of the listed code |
| E1231 | E2225 | BCBST | Edited code is a component of the listed code |
| E1231 | E2226 | BCBST | Edited code is a component of the listed code |
| E1231 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1231 | K0015 | BCBST | Edited code is a component of the listed code |
| E1231 | K0017 | BCBST | Edited code is a component of the listed code |
| E1231 | K0018 | BCBST | Edited code is a component of the listed code |
| E1231 | K0019 | BCBST | Edited code is a component of the listed code |
| E1231 | K0042 | BCBST | Edited code is a component of the listed code |
| E1231 | K0043 | BCBST | Edited code is a component of the listed code |
| E1231 | K0044 | BCBST | Edited code is a component of the listed code |
| E1231 | K0045 | BCBST | Edited code is a component of the listed code |
| E1231 | K0046 | BCBST | Edited code is a component of the listed code |
| E1231 | K0047 | BCBST | Edited code is a component of the listed code |
| E1231 | K0050 | BCBST | Edited code is a component of the listed code |
| E1231 | K0052 | BCBST | Edited code is a component of the listed code |
| E1231 | K0069 | BCBST | Edited code is a component of the listed code |
| E1231 | K0070 | BCBST | Edited code is a component of the listed code |
| E1231 | K0071 | BCBST | Edited code is a component of the listed code |
| E1231 | K0072 | BCBST | Edited code is a component of the listed code |
| E1231 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately |

going assistance with the item. Thes services including mileage are not separately billable.

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Code bundling rules subject to additions, deletions, and/or revisions on a quarterly basis.

05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 124 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1232 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1232 | E0967 | BCBST | Edited code is a component of the listed code |
| E1232 | E0981 | BCBST | Edited code is a component of the listed code |
| E1232 | E0982 | BCBST | Edited code is a component of the listed code |
| E1232 | E0995 | BCBST | Edited code is a component of the listed code |
| E1232 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 125 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1232 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1232 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1232 | E1233 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1234 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1235 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | E2205 | BCBST | Edited code is a component of the listed code |
| E1232 | E2206 | BCBST | Edited code is a component of the listed code |
| E1232 | E2210 | BCBST | Edited code is a component of the listed code |
| E1232 | E2220 | BCBST | Edited code is a component of the listed code |
| E1232 | E2221 | BCBST | Edited code is a component of the listed code |
| E1232 | E2222 | BCBST | Edited code is a component of the listed code |
| E1232 | E2223 | BCBST | Edited code is a component of the listed code |
| E1232 | E2224 | BCBST | Edited code is a component of the listed code |
| E1232 | E2225 | BCBST | Edited code is a component of the listed code |
| E1232 | E2226 | BCBST | Edited code is a component of the listed code |
| E1232 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 126 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1232 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1232 | K0015 | BCBST | Edited code is a component of the listed code |
| E1232 | K0017 | BCBST | Edited code is a component of the listed code |
| E1232 | K0018 | BCBST | Edited code is a component of the listed code |
| E1232 | K0019 | BCBST | Edited code is a component of the listed code |
| E1232 | K0042 | BCBST | Edited code is a component of the listed code |
| E1232 | K0043 | BCBST | Edited code is a component of the listed code |
| E1232 | K0044 | BCBST | Edited code is a component of the listed code |
| E1232 | K0045 | BCBST | Edited code is a component of the listed code |
| E1232 | K0046 | BCBST | Edited code is a component of the listed code |
| E1232 | K0047 | BCBST | Edited code is a component of the listed code |
| E1232 | K0050 | BCBST | Edited code is a component of the listed code |
| E1232 | K0052 | BCBST | Edited code is a component of the listed code |
| E1232 | K0069 | BCBST | Edited code is a component of the listed code |
| E1232 | K0070 | BCBST | Edited code is a component of the listed code |
| E1232 | K0071 | BCBST | Edited code is a component of the listed code |
| E1232 | K0072 | BCBST | Edited code is a component of the listed code |
| E1232 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1233 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1233 | E0967 | BCBST | Edited code is a component of the listed code |
| E1233 | E0981 | BCBST | Edited code is a component of the listed code |
| E1233 | E0982 | BCBST | Edited code is a component of the listed code |
| E1233 | E0995 | BCBST | Edited code is a component of the listed code |
| E1233 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 127 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1233 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1233 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1233 | E1234 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1235 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 128 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1233 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | E2205 | BCBST | Edited code is a component of the listed code |
| E1233 | E2206 | BCBST | Edited code is a component of the listed code |
| E1233 | E2210 | BCBST | Edited code is a component of the listed code |
| E1233 | E2220 | BCBST | Edited code is a component of the listed code |
| E1233 | E2221 | BCBST | Edited code is a component of the listed code |
| E1233 | E2222 | BCBST | Edited code is a component of the listed code |
| E1233 | E2223 | BCBST | Edited code is a component of the listed code |
| E1233 | E2224 | BCBST | Edited code is a component of the listed code |
| E1233 | E2225 | BCBST | Edited code is a component of the listed code |
| E1233 | E2226 | BCBST | Edited code is a component of the listed code |
| E1233 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1233 | K0015 | BCBST | Edited code is a component of the listed code |
| E1233 | K0017 | BCBST | Edited code is a component of the listed code |
| E1233 | K0018 | BCBST | Edited code is a component of the listed code |
| E1233 | K0019 | BCBST | Edited code is a component of the listed code |
| E1233 | K0042 | BCBST | Edited code is a component of the listed code |
| E1233 | K0043 | BCBST | Edited code is a component of the listed code |
| E1233 | K0044 | BCBST | Edited code is a component of the listed code |
| E1233 | K0045 | BCBST | Edited code is a component of the listed code |
| E1233 | K0046 | BCBST | Edited code is a component of the listed code |
| E1233 | K0047 | BCBST | Edited code is a component of the listed code |
| E1233 | K0050 | BCBST | Edited code is a component of the listed code |
| E1233 | K0052 | BCBST | Edited code is a component of the listed code |
| E1233 | K0069 | BCBST | Edited code is a component of the listed code |
| E1233 | K0070 | BCBST | Edited code is a component of the listed code |
| E1233 | K0071 | BCBST | Edited code is a component of the listed code |
| E1233 | K0072 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 129 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1233 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1234 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1234 | E0967 | BCBST | Edited code is a component of the listed code |
| E1234 | E0981 | BCBST | Edited code is a component of the listed code |
| E1234 | E0982 | BCBST | Edited code is a component of the listed code |
| E1234 | E0995 | BCBST | Edited code is a component of the listed code |
| E1234 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 130 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1234 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1234 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1234 | E1235 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | E2205 | BCBST | Edited code is a component of the listed code |
| E1234 | E2206 | BCBST | Edited code is a component of the listed code |
| E1234 | E2210 | BCBST | Edited code is a component of the listed code |
| E1234 | E2220 | BCBST | Edited code is a component of the listed code |
| E1234 | E2221 | BCBST | Edited code is a component of the listed code |
| E1234 | E2222 | BCBST | Edited code is a component of the listed code |
| E1234 | E2223 | BCBST | Edited code is a component of the listed code |
| E1234 | E2224 | BCBST | Edited code is a component of the listed code |
| E1234 | E2225 | BCBST | Edited code is a component of the listed code |
| E1234 | E2226 | BCBST | Edited code is a component of the listed code |
| E1234 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 131 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1234 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1234 | K0015 | BCBST | Edited code is a component of the listed code |
| E1234 | K0017 | BCBST | Edited code is a component of the listed code |
| E1234 | K0018 | BCBST | Edited code is a component of the listed code |
| E1234 | K0019 | BCBST | Edited code is a component of the listed code |
| E1234 | K0042 | BCBST | Edited code is a component of the listed code |
| E1234 | K0043 | BCBST | Edited code is a component of the listed code |
| E1234 | K0044 | BCBST | Edited code is a component of the listed code |
| E1234 | K0045 | BCBST | Edited code is a component of the listed code |
| E1234 | K0046 | BCBST | Edited code is a component of the listed code |
| E1234 | K0047 | BCBST | Edited code is a component of the listed code |
| E1234 | K0050 | BCBST | Edited code is a component of the listed code |
| E1234 | K0052 | BCBST | Edited code is a component of the listed code |
| E1234 | K0069 | BCBST | Edited code is a component of the listed code |
| E1234 | K0070 | BCBST | Edited code is a component of the listed code |
| E1234 | K0071 | BCBST | Edited code is a component of the listed code |
| E1234 | K0072 | BCBST | Edited code is a component of the listed code |
| E1234 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1235 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1235 | E0967 | BCBST | Edited code is a component of the listed code |
| E1235 | E0981 | BCBST | Edited code is a component of the listed code |
| E1235 | E0982 | BCBST | Edited code is a component of the listed code |
| E1235 | E0995 | BCBST | Edited code is a component of the listed code |
| E1235 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 132 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1235 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1235 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1235 | E1236 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 133 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1235 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | E2205 | BCBST | Edited code is a component of the listed code |
| E1235 | E2206 | BCBST | Edited code is a component of the listed code |
| E1235 | E2210 | BCBST | Edited code is a component of the listed code |
| E1235 | E2220 | BCBST | Edited code is a component of the listed code |
| E1235 | E2221 | BCBST | Edited code is a component of the listed code |
| E1235 | E2222 | BCBST | Edited code is a component of the listed code |
| E1235 | E2223 | BCBST | Edited code is a component of the listed code |
| E1235 | E2224 | BCBST | Edited code is a component of the listed code |
| E1235 | E2225 | BCBST | Edited code is a component of the listed code |
| E1235 | E2226 | BCBST | Edited code is a component of the listed code |
| E1235 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1235 | K0015 | BCBST | Edited code is a component of the listed code |
| E1235 | K0017 | BCBST | Edited code is a component of the listed code |
| E1235 | K0018 | BCBST | Edited code is a component of the listed code |
| E1235 | K0019 | BCBST | Edited code is a component of the listed code |
| E1235 | K0042 | BCBST | Edited code is a component of the listed code |
| E1235 | K0043 | BCBST | Edited code is a component of the listed code |
| E1235 | K0044 | BCBST | Edited code is a component of the listed code |
| E1235 | K0045 | BCBST | Edited code is a component of the listed code |
| E1235 | K0046 | BCBST | Edited code is a component of the listed code |
| E1235 | K0047 | BCBST | Edited code is a component of the listed code |
| E1235 | K0050 | BCBST | Edited code is a component of the listed code |
| E1235 | K0052 | BCBST | Edited code is a component of the listed code |
| E1235 | K0069 | BCBST | Edited code is a component of the listed code |
| E1235 | K0070 | BCBST | Edited code is a component of the listed code |
| E1235 | K0071 | BCBST | Edited code is a component of the listed code |
| E1235 | K0072 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 134 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| E1235 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1236 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1236 | E0967 | BCBST | Edited code is a component of the listed code |
| E1236 | E0981 | BCBST | Edited code is a component of the listed code |
| E1236 | E0982 | BCBST | Edited code is a component of the listed code |
| E1236 | E0995 | BCBST | Edited code is a component of the listed code |
| E1236 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 135 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1236 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1236 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1236 | E1237 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | E2205 | BCBST | Edited code is a component of the listed code |
| E1236 | E2206 | BCBST | Edited code is a component of the listed code |
| E1236 | E2210 | BCBST | Edited code is a component of the listed code |
| E1236 | E2220 | BCBST | Edited code is a component of the listed code |
| E1236 | E2221 | BCBST | Edited code is a component of the listed code |
| E1236 | E2222 | BCBST | Edited code is a component of the listed code |
| E1236 | E2223 | BCBST | Edited code is a component of the listed code |
| E1236 | E2224 | BCBST | Edited code is a component of the listed code |
| E1236 | E2225 | BCBST | Edited code is a component of the listed code |
| E1236 | E2226 | BCBST | Edited code is a component of the listed code |
| E1236 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 136 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1236 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1236 | K0015 | BCBST | Edited code is a component of the listed code |
| E1236 | K0017 | BCBST | Edited code is a component of the listed code |
| E1236 | K0018 | BCBST | Edited code is a component of the listed code |
| E1236 | K0019 | BCBST | Edited code is a component of the listed code |
| E1236 | K0042 | BCBST | Edited code is a component of the listed code |
| E1236 | K0043 | BCBST | Edited code is a component of the listed code |
| E1236 | K0044 | BCBST | Edited code is a component of the listed code |
| E1236 | K0045 | BCBST | Edited code is a component of the listed code |
| E1236 | K0046 | BCBST | Edited code is a component of the listed code |
| E1236 | K0047 | BCBST | Edited code is a component of the listed code |
| E1236 | K0050 | BCBST | Edited code is a component of the listed code |
| E1236 | K0052 | BCBST | Edited code is a component of the listed code |
| E1236 | K0069 | BCBST | Edited code is a component of the listed code |
| E1236 | K0070 | BCBST | Edited code is a component of the listed code |
| E1236 | K0071 | BCBST | Edited code is a component of the listed code |
| E1236 | K0072 | BCBST | Edited code is a component of the listed code |
| E1236 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1237 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1237 | E0967 | BCBST | Edited code is a component of the listed code |
| E1237 | E0981 | BCBST | Edited code is a component of the listed code |
| E1237 | E0982 | BCBST | Edited code is a component of the listed code |
| E1237 | E0995 | BCBST | Edited code is a component of the listed code |
| E1237 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 137 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1237 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1237 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1237 | E1238 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | E2205 | BCBST | Edited code is a component of the listed code |
| E1237 | E2206 | BCBST | Edited code is a component of the listed code |
| E1237 | E2210 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 138 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1237 | E2220 | BCBST | Edited code is a component of the listed code |
| E1237 | E2221 | BCBST | Edited code is a component of the listed code |
| E1237 | E2222 | BCBST | Edited code is a component of the listed code |
| E1237 | E2223 | BCBST | Edited code is a component of the listed code |
| E1237 | E2224 | BCBST | Edited code is a component of the listed code |
| E1237 | E2225 | BCBST | Edited code is a component of the listed code |
| E1237 | E2226 | BCBST | Edited code is a component of the listed code |
| E1237 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1237 | K0015 | BCBST | Edited code is a component of the listed code |
| E1237 | K0017 | BCBST | Edited code is a component of the listed code |
| E1237 | K0018 | BCBST | Edited code is a component of the listed code |
| E1237 | K0019 | BCBST | Edited code is a component of the listed code |
| E1237 | K0042 | BCBST | Edited code is a component of the listed code |
| E1237 | K0043 | BCBST | Edited code is a component of the listed code |
| E1237 | K0044 | BCBST | Edited code is a component of the listed code |
| E1237 | K0045 | BCBST | Edited code is a component of the listed code |
| E1237 | K0046 | BCBST | Edited code is a component of the listed code |
| E1237 | K0047 | BCBST | Edited code is a component of the listed code |
| E1237 | K0050 | BCBST | Edited code is a component of the listed code |
| E1237 | K0052 | BCBST | Edited code is a component of the listed code |
| E1237 | K0069 | BCBST | Edited code is a component of the listed code |
| E1237 | K0070 | BCBST | Edited code is a component of the listed code |
| E1237 | K0071 | BCBST | Edited code is a component of the listed code |
| E1237 | K0072 | BCBST | Edited code is a component of the listed code |
| E1237 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 139 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1238 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1238 | E0967 | BCBST | Edited code is a component of the listed code |
| E1238 | E0981 | BCBST | Edited code is a component of the listed code |
| E1238 | E0982 | BCBST | Edited code is a component of the listed code |
| E1238 | E0995 | BCBST | Edited code is a component of the listed code |
| E1238 | E1050 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1060 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1070 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1083 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1084 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1085 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1086 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1087 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1088 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1089 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1090 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1092 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1093 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1100 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1110 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1130 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1140 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1150 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1160 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1170 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1171 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1172 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1180 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1190 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1195 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1200 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1210 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1211 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1212 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1213 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1220 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1221 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 140 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1238 | E1222 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1223 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1224 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1238 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1238 | E1240 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | E2205 | BCBST | Edited code is a component of the listed code |
| E1238 | E2206 | BCBST | Edited code is a component of the listed code |
| E1238 | E2210 | BCBST | Edited code is a component of the listed code |
| E1238 | E2220 | BCBST | Edited code is a component of the listed code |
| E1238 | E2221 | BCBST | Edited code is a component of the listed code |
| E1238 | E2222 | BCBST | Edited code is a component of the listed code |
| E1238 | E2223 | BCBST | Edited code is a component of the listed code |
| E1238 | E2224 | BCBST | Edited code is a component of the listed code |
| E1238 | E2225 | BCBST | Edited code is a component of the listed code |
| E1238 | E2226 | BCBST | Edited code is a component of the listed code |
| E1238 | K0001 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1238 | K0015 | BCBST | Edited code is a component of the listed code |
| E1238 | K0017 | BCBST | Edited code is a component of the listed code |
| E1238 | K0018 | BCBST | Edited code is a component of the listed code |
| E1238 | K0019 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 141 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| E1238 | K0042 | BCBST | Edited code is a component of the listed code |
| E1238 | K0043 | BCBST | Edited code is a component of the listed code |
| E1238 | K0044 | BCBST | Edited code is a component of the listed code |
| E1238 | K0045 | BCBST | Edited code is a component of the listed code |
| E1238 | K0046 | BCBST | Edited code is a component of the listed code |
| E1238 | K0047 | BCBST | Edited code is a component of the listed code |
| E1238 | K0050 | BCBST | Edited code is a component of the listed code |
| E1238 | K0052 | BCBST | Edited code is a component of the listed code |
| E1238 | K0069 | BCBST | Edited code is a component of the listed code |
| E1238 | K0070 | BCBST | Edited code is a component of the listed code |
| E1238 | K0071 | BCBST | Edited code is a component of the listed code |
| E1238 | K0072 | BCBST | Edited code is a component of the listed code |
| E1238 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| E1240 | E1240 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1240 | E1250 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1240 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1250 | E1260 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1250 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1260 | E1260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1260 | E1270 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1260 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1260 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1260 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1260 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 142 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| E1270 | E1270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1270 | E1280 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1270 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1270 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1270 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1280 | E1280 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1280 | E1285 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1280 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1280 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1285 | E1285 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1285 | E1290 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1285 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1290 | E1290 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1290 | E1295 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| E1295 | E1295 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1296 | E1296 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1297 | E1297 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1298 | E1298 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1300 | E1300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1300 | E1310 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E1310 | E1310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1353 | E1353 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1355 | E1355 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1372 | E1372 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1390 RR | A4608 | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 RR | A4615 | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 RR | A4616 | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 RR | A4617 | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 143 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Compo | | Source | Rationale |
|-----------------|----|-------|----|--------|--|
| E1390 | RR | A4619 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | A4620 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | A7525 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0424 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E1390 | RR | E0425 | | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E1390 | RR | E0439 | RR | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E1390 | RR | E0440 | | CMS | The edited oxygen system code is considered redundant to the listed oxygen system code. |
| E1390 | RR | E0441 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E1390 | RR | E0442 | | CMS | Service, supply or equipment for column 2 code is incompatible with column 1 code for service, supply or equipment |
| E1390 | RR | E0455 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0455 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0455 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0555 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0555 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0555 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0580 | RR | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0580 | UE | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E0580 | NU | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E1353 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E1355 | | CMS | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| E1390 | RR | E1390 | RR | CMS | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1390 | | E1390 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1405 | | E1405 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1405 | | E1406 | | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 144 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1406 | E1406 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1500 | E1500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1510 | E1510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1520 | E1520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1530 | E1530 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1540 | E1540 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1550 | E1550 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1560 | E1560 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1570 | E1570 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1580 | E1580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1590 | E1590 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1592 | E1592 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1592 | E1594 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E1594 | E1594 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1600 | E1600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1610 | E1610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1615 | E1615 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1620 | E1620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1625 | E1625 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1630 | E1630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1635 | E1635 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1699 | E1699 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1700 | E1700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1800 | E1800 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1800 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 145 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| E1801 | E1801 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1801 | E1821 | BCBST | The edited code is considered an integral component of the listed code. |
| E1802 | E1802 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1805 | E1805 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1805 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1806 | E1806 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1806 | E1821 | BCBST | The edited code is considered an integral component of the listed code. |
| E1810 | E1810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1810 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1811 | E1811 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1811 | E1821 | BCBST | The edited code is considered an integral component of the listed code. |
| E1815 | E1815 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1815 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1816 | E1816 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1816 | E1821 | BCBST | The edited code is considered an integral component of the listed code. |
| E1818 | E1818 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1818 | E1821 | BCBST | The edited code is considered an integral component of the listed code. |
| E1820 | E1820 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1821 | E1821 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1825 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1825 | E1825 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1830 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1830 | E1830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1840 | E1820 | BCBST | The edited code is considered an integral component of the listed code. |
| E1840 | E1840 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E1902 | E1902 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E2000 | E2000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E2100 | E0607 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 146 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|--------------------|----------------|---------------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| E2100 | E2100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| E2100 | E2101 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E2101 | E0607 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| E2101 | E2101 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0008 | 99211 | NCCI | Misuse of column 2 code with column 1 code |
| G0008 | G0008 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0009 | 99211 | NCCI | Misuse of column 2 code with column 1 code |
| G0009 | G0009 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0010 | 99211 | NCCI | Misuse of column 2 code with column 1 code |
| G0010 | G0010 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0027 | 89321 | NCCI | HCPCS/CPT procedure code definition |
| G0101 | 57410 | NCCI | NCCI Mutually exclusive procedures |
| G0101 | 99201 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99202 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99203 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99211 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99212 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99213 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99217 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99218 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99221 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99231 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99232 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99238 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99239 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99241 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99242 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99251 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99252 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99281 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99282 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99304 | NCCI | Standards of medical/surgical practice |
| G0101 | 99305 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 147 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0101 | 99306 | NCCI | Standards of medical/surgical practice |
| G0101 | 99307 | NCCI | Standards of medical/surgical practice |
| G0101 | 99308 | NCCI | Standards of medical/surgical practice |
| G0101 | 99309 | NCCI | Standards of medical/surgical practice |
| G0101 | 99310 | NCCI | Standards of medical/surgical practice |
| G0101 | 99318 | NCCI | Standards of medical/surgical practice |
| G0101 | 99324 | NCCI | Standards of medical/surgical practice |
| G0101 | 99325 | NCCI | Standards of medical/surgical practice |
| G0101 | 99326 | NCCI | Standards of medical/surgical practice |
| G0101 | 99327 | NCCI | Standards of medical/surgical practice |
| G0101 | 99328 | NCCI | Standards of medical/surgical practice |
| G0101 | 99334 | NCCI | Standards of medical/surgical practice |
| G0101 | 99335 | NCCI | Standards of medical/surgical practice |
| G0101 | 99336 | NCCI | Standards of medical/surgical practice |
| G0101 | 99337 | NCCI | Standards of medical/surgical practice |
| G0101 | 99341 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99342 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99347 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99348 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99354 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99355 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99356 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99357 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | 99460 | NCCI | Standards of medical/surgical practice |
| G0101 | 99461 | NCCI | Standards of medical/surgical practice |
| G0101 | 99462 | NCCI | Standards of medical/surgical practice |
| G0101 | 99463 | NCCI | Standards of medical/surgical practice |
| G0101 | 99464 | NCCI | Standards of medical/surgical practice |
| G0101 | 99465 | NCCI | Standards of medical/surgical practice |
| G0101 | 99466 | NCCI | Standards of medical/surgical practice |
| G0101 | 99468 | NCCI | Standards of medical/surgical practice |
| G0101 | 99469 | NCCI | Standards of medical/surgical practice |
| G0101 | 99471 | NCCI | Standards of medical/surgical practice |
| G0101 | 99472 | NCCI | Standards of medical/surgical practice |
| G0101 | 99475 | NCCI | Standards of medical/surgical practice |
| G0101 | 99476 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 148 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0101 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0101 | 99478 | NCCI | Standards of medical/surgical practice |
| G0101 | 99479 | NCCI | Standards of medical/surgical practice |
| G0101 | 99480 | NCCI | Standards of medical/surgical practice |
| G0101 | G0101 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0101 | G0181 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | G0182 | NCCI | NCCI Standards of medical / surgical practice |
| G0101 | G0380 | NCCI | Standards of medical/surgical practice |
| G0101 | G0381 | NCCI | Standards of medical/surgical practice |
| G0101 | G0382 | NCCI | Standards of medical/surgical practice |
| G0101 | G0383 | NCCI | Standards of medical/surgical practice |
| G0101 | G0384 | NCCI | Standards of medical/surgical practice |
| G0102 | 99463 | NCCI | Standards of medical/surgical practice |
| G0103 | 84154 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 36000 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 36400 | NCCI | Standards of medical/surgical practice |
| G0104 | 36405 | NCCI | Standards of medical/surgical practice |
| G0104 | 36406 | NCCI | Standards of medical/surgical practice |
| G0104 | 36410 | NCCI | NCCI HCPCS/CPT separate procedure definition |
| G0104 | 36420 | NCCI | Standards of medical/surgical practice |
| G0104 | 36425 | NCCI | Standards of medical/surgical practice |
| G0104 | 36430 | NCCI | Standards of medical/surgical practice |
| G0104 | 36440 | NCCI | Standards of medical/surgical practice |
| G0104 | 36600 | NCCI | Standards of medical/surgical practice |
| G0104 | 36640 | NCCI | Standards of medical/surgical practice |
| G0104 | 43752 | NCCI | Standards of medical/surgical practice |
| G0104 | 45300 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 45303 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 45307 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 45308 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 45355 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 46604 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 46608 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 46614 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | 51701 | NCCI | Standards of medical/surgical practice |
| G0104 | 51702 | NCCI | Standards of medical/surgical practice |
| G0104 | 51703 | NCCI | Standards of medical/surgical practice |
| G0104 | 62310 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 149 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0104 | 62311 | NCCI | Standards of medical/surgical practice |
| G0104 | 62318 | NCCI | Standards of medical/surgical practice |
| G0104 | 62319 | NCCI | Standards of medical/surgical practice |
| G0104 | 64400 | NCCI | Standards of medical/surgical practice |
| G0104 | 64402 | NCCI | Standards of medical/surgical practice |
| G0104 | 64405 | NCCI | Standards of medical/surgical practice |
| G0104 | 64408 | NCCI | Standards of medical/surgical practice |
| G0104 | 64410 | NCCI | Standards of medical/surgical practice |
| G0104 | 64412 | NCCI | Standards of medical/surgical practice |
| G0104 | 64413 | NCCI | Standards of medical/surgical practice |
| G0104 | 64415 | NCCI | Standards of medical/surgical practice |
| G0104 | 64416 | NCCI | Standards of medical/surgical practice |
| G0104 | 64417 | NCCI | Standards of medical/surgical practice |
| G0104 | 64418 | NCCI | Standards of medical/surgical practice |
| G0104 | 64420 | NCCI | Standards of medical/surgical practice |
| G0104 | 64421 | NCCI | Standards of medical/surgical practice |
| G0104 | 64425 | NCCI | Standards of medical/surgical practice |
| G0104 | 64430 | NCCI | Standards of medical/surgical practice |
| G0104 | 64435 | NCCI | Standards of medical/surgical practice |
| G0104 | 64445 | NCCI | Standards of medical/surgical practice |
| G0104 | 64446 | NCCI | Standards of medical/surgical practice |
| G0104 | 64447 | NCCI | Standards of medical/surgical practice |
| G0104 | 64448 | NCCI | Standards of medical/surgical practice |
| G0104 | 64449 | NCCI | Standards of medical/surgical practice |
| G0104 | 64450 | NCCI | Standards of medical/surgical practice |
| G0104 | 64479 | NCCI | Standards of medical/surgical practice |
| G0104 | 64483 | NCCI | Standards of medical/surgical practice |
| G0104 | 64490 | NCCI | Standards of medical / surgical practice |
| G0104 | 64493 | NCCI | Standards of medical / surgical practice |
| G0104 | 64505 | NCCI | Standards of medical/surgical practice |
| G0104 | 64508 | NCCI | Standards of medical/surgical practice |
| G0104 | 64510 | NCCI | Standards of medical/surgical practice |
| G0104 | 64517 | NCCI | Standards of medical/surgical practice |
| G0104 | 64520 | NCCI | Standards of medical/surgical practice |
| G0104 | 64530 | NCCI | Standards of medical/surgical practice |
| G0104 | 93000 | NCCI | Standards of medical/surgical practice |
| G0104 | 93005 | NCCI | Standards of medical/surgical practice |
| G0104 | 93010 | NCCI | Standards of medical/surgical practice |
| G0104 | 93040 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 150 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0104 | 93041 | NCCI | Standards of medical/surgical practice |
| G0104 | 93042 | NCCI | Standards of medical/surgical practice |
| G0104 | 93318 | NCCI | Standards of medical/surgical practice |
| G0104 | 94002 | NCCI | Standards of medical/surgical practice |
| G0104 | 94200 | NCCI | Standards of medical/surgical practice |
| G0104 | 94250 | NCCI | Standards of medical/surgical practice |
| G0104 | 94680 | NCCI | Standards of medical/surgical practice |
| G0104 | 94681 | NCCI | Standards of medical/surgical practice |
| G0104 | 94690 | NCCI | Standards of medical/surgical practice |
| G0104 | 94770 | NCCI | Standards of medical/surgical practice |
| G0104 | 95812 | NCCI | Standards of medical/surgical practice |
| G0104 | 95813 | NCCI | Standards of medical/surgical practice |
| G0104 | 95816 | NCCI | Standards of medical/surgical practice |
| G0104 | 95819 | NCCI | Standards of medical/surgical practice |
| G0104 | 95822 | NCCI | Standards of medical/surgical practice |
| G0104 | 95829 | NCCI | Standards of medical/surgical practice |
| G0104 | 95955 | NCCI | Standards of medical/surgical practice |
| G0104 | 96360 | NCCI | Standards of medical/surgical practice |
| G0104 | 96365 | NCCI | Standards of medical/surgical practice |
| G0104 | 96372 | NCCI | Standards of medical/surgical practice |
| G0104 | 96374 | NCCI | Standards of medical/surgical practice |
| G0104 | 96375 | NCCI | Standards of medical/surgical practice |
| G0104 | 96376 | NCCI | Standards of medical/surgical practice |
| G0104 | 99148 | NCCI | Misuse of column two code with column one code |
| G0104 | 99149 | NCCI | Misuse of column two code with column one code |
| G0104 | 99150 | NCCI | Misuse of column two code with column one code |
| G0104 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 99304 | NCCI | Standards of medical/surgical practice |
| G0104 | 99305 | NCCI | Standards of medical/surgical practice |
| G0104 | 99306 | NCCI | Standards of medical/surgical practice |
| G0104 | 99307 | NCCI | Standards of medical/surgical practice |
| G0104 | 99308 | NCCI | Standards of medical/surgical practice |
| G0104 | 99309 | NCCI | Standards of medical/surgical practice |
| G0104 | 99310 | NCCI | Standards of medical/surgical practice |
| G0104 | 99318 | NCCI | Standards of medical/surgical practice |
| G0104 | 99324 | NCCI | Standards of medical/surgical practice |
| G0104 | 99325 | NCCI | Standards of medical/surgical practice |
| G0104 | 99326 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 151 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0104 | 99327 | NCCI | Standards of medical/surgical practice |
| G0104 | 99328 | NCCI | Standards of medical/surgical practice |
| G0104 | 99334 | NCCI | Standards of medical/surgical practice |
| G0104 | 99335 | NCCI | Standards of medical/surgical practice |
| G0104 | 99336 | NCCI | Standards of medical/surgical practice |
| G0104 | 99337 | NCCI | Standards of medical/surgical practice |
| G0104 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | 99460 | NCCI | Standards of medical/surgical practice |
| G0104 | 99461 | NCCI | Standards of medical/surgical practice |
| G0104 | 99462 | NCCI | Standards of medical/surgical practice |
| G0104 | 99463 | NCCI | Standards of medical/surgical practice |
| G0104 | 99464 | NCCI | Standards of medical/surgical practice |
| G0104 | 99465 | NCCI | Standards of medical/surgical practice |
| G0104 | 99466 | NCCI | Standards of medical/surgical practice |
| G0104 | 99468 | NCCI | Standards of medical/surgical practice |
| G0104 | 99469 | NCCI | Standards of medical/surgical practice |
| G0104 | 99471 | NCCI | Standards of medical/surgical practice |
| G0104 | 99472 | NCCI | Standards of medical/surgical practice |
| G0104 | 99475 | NCCI | Standards of medical/surgical practice |
| G0104 | 99476 | NCCI | Standards of medical/surgical practice |
| G0104 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0104 | 99478 | NCCI | Standards of medical/surgical practice |
| G0104 | 99479 | NCCI | Standards of medical/surgical practice |
| G0104 | 99480 | NCCI | Standards of medical/surgical practice |
| G0104 | G0104 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0104 | G0120 | NCCI | NCCI Mutually exclusive procedures |
| G0104 | G0181 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | G0182 | NCCI | NCCI Standards of medical / surgical practice |
| G0104 | G0380 | NCCI | Standards of medical/surgical practice |
| G0104 | G0381 | NCCI | Standards of medical/surgical practice |
| G0104 | G0382 | NCCI | Standards of medical/surgical practice |
| G0104 | G0383 | NCCI | Standards of medical/surgical practice |
| G0104 | G0384 | NCCI | Standards of medical/surgical practice |
| G0105 | 36000 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 36400 | NCCI | Standards of medical/surgical practice |
| G0105 | 36405 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 152 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0105 | 36406 | NCCI | Standards of medical/surgical practice |
| G0105 | 36410 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 36420 | NCCI | Standards of medical/surgical practice |
| G0105 | 36425 | NCCI | Standards of medical/surgical practice |
| G0105 | 36430 | NCCI | Standards of medical/surgical practice |
| G0105 | 36440 | NCCI | Standards of medical/surgical practice |
| G0105 | 36600 | NCCI | Standards of medical/surgical practice |
| G0105 | 36640 | NCCI | Standards of medical/surgical practice |
| G0105 | 43752 | NCCI | Standards of medical/surgical practice |
| G0105 | 45300 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45303 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45305 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45307 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45308 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45309 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45315 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45317 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45320 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45321 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45327 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45330 | BCBST | NCCI Mutually exclusive procedures |
| G0105 | 45331 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45332 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45333 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45334 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45337 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45338 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45339 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45341 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45342 | BCBST | NCCI Mutually exclusive procedures |
| G0105 | 45345 | NCCI | NCCI Mutually exclusive procedures |
| G0105 | 45355 | BCBST | NCCI Mutually exclusive procedures |
| G0105 | 51701 | NCCI | Standards of medical/surgical practice |
| G0105 | 51702 | NCCI | Standards of medical/surgical practice |
| G0105 | 51703 | NCCI | Standards of medical/surgical practice |
| G0105 | 62310 | NCCI | Standards of medical/surgical practice |
| G0105 | 62311 | NCCI | Standards of medical/surgical practice |
| G0105 | 62318 | NCCI | Standards of medical/surgical practice |
| G0105 | 62319 | NCCI | Standards of medical/surgical practice |

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Source: PNC-CARR Page 153 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0105 | 64400 | NCCI | Standards of medical/surgical practice |
| G0105 | 64402 | NCCI | Standards of medical/surgical practice |
| G0105 | 64405 | NCCI | Standards of medical/surgical practice |
| G0105 | 64408 | NCCI | Standards of medical/surgical practice |
| G0105 | 64410 | NCCI | Standards of medical/surgical practice |
| G0105 | 64412 | NCCI | Standards of medical/surgical practice |
| G0105 | 64413 | NCCI | Standards of medical/surgical practice |
| G0105 | 64415 | NCCI | Standards of medical/surgical practice |
| G0105 | 64416 | NCCI | Standards of medical/surgical practice |
| G0105 | 64417 | NCCI | Standards of medical/surgical practice |
| G0105 | 64418 | NCCI | Standards of medical/surgical practice |
| G0105 | 64420 | NCCI | Standards of medical/surgical practice |
| G0105 | 64421 | NCCI | Standards of medical/surgical practice |
| G0105 | 64425 | NCCI | Standards of medical/surgical practice |
| G0105 | 64430 | NCCI | Standards of medical/surgical practice |
| G0105 | 64435 | NCCI | Standards of medical/surgical practice |
| G0105 | 64445 | NCCI | Standards of medical/surgical practice |
| G0105 | 64446 | NCCI | Standards of medical/surgical practice |
| G0105 | 64447 | NCCI | Standards of medical/surgical practice |
| G0105 | 64448 | NCCI | Standards of medical/surgical practice |
| G0105 | 64449 | NCCI | Standards of medical/surgical practice |
| G0105 | 64450 | NCCI | Standards of medical/surgical practice |
| G0105 | 64479 | NCCI | Standards of medical/surgical practice |
| G0105 | 64483 | NCCI | Standards of medical/surgical practice |
| G0105 | 64490 | NCCI | Standards of medical / surgical practice |
| G0105 | 64493 | NCCI | Standards of medical / surgical practice |
| G0105 | 64505 | NCCI | Standards of medical/surgical practice |
| G0105 | 64508 | NCCI | Standards of medical/surgical practice |
| G0105 | 64510 | NCCI | Standards of medical/surgical practice |
| G0105 | 64517 | NCCI | Standards of medical/surgical practice |
| G0105 | 64520 | NCCI | Standards of medical/surgical practice |
| G0105 | 64530 | NCCI | Standards of medical/surgical practice |
| G0105 | 93000 | NCCI | Standards of medical/surgical practice |
| G0105 | 93005 | NCCI | Standards of medical/surgical practice |
| G0105 | 93010 | NCCI | Standards of medical/surgical practice |
| G0105 | 93040 | NCCI | Standards of medical/surgical practice |
| G0105 | 93041 | NCCI | Standards of medical/surgical practice |
| G0105 | 93042 | NCCI | Standards of medical/surgical practice |
| G0105 | 93318 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 154 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0105 | 94002 | NCCI | Standards of medical/surgical practice |
| G0105 | 94200 | NCCI | Standards of medical/surgical practice |
| G0105 | 94250 | NCCI | Standards of medical/surgical practice |
| G0105 | 94680 | NCCI | Standards of medical/surgical practice |
| G0105 | 94681 | NCCI | Standards of medical/surgical practice |
| G0105 | 94690 | NCCI | Standards of medical/surgical practice |
| G0105 | 94770 | NCCI | Standards of medical/surgical practice |
| G0105 | 95812 | NCCI | Standards of medical/surgical practice |
| G0105 | 95813 | NCCI | Standards of medical/surgical practice |
| G0105 | 95816 | NCCI | Standards of medical/surgical practice |
| G0105 | 95819 | NCCI | Standards of medical/surgical practice |
| G0105 | 95822 | NCCI | Standards of medical/surgical practice |
| G0105 | 95829 | NCCI | Standards of medical/surgical practice |
| G0105 | 95955 | NCCI | Standards of medical/surgical practice |
| G0105 | 96360 | NCCI | Standards of medical/surgical practice |
| G0105 | 96365 | NCCI | Standards of medical/surgical practice |
| G0105 | 96372 | NCCI | Standards of medical/surgical practice |
| G0105 | 96374 | NCCI | Standards of medical/surgical practice |
| G0105 | 96375 | NCCI | Standards of medical/surgical practice |
| G0105 | 96376 | NCCI | Standards of medical/surgical practice |
| G0105 | 99148 | NCCI | Misuse of column two code with column one code |
| G0105 | 99149 | NCCI | Misuse of column two code with column one code |
| G0105 | 99150 | NCCI | Misuse of column two code with column one code |
| G0105 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 99291 | NCCI | NCCI Refer to Specific Guidelines |
| G0105 | 99292 | NCCI | NCCI Refer to Specific Guidelines |
| G0105 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 99304 | NCCI | Standards of medical/surgical practice |
| G0105 | 99305 | NCCI | Standards of medical/surgical practice |
| G0105 | 99306 | NCCI | Standards of medical/surgical practice |
| G0105 | 99307 | NCCI | Standards of medical/surgical practice |
| G0105 | 99308 | NCCI | Standards of medical/surgical practice |
| G0105 | 99309 | NCCI | Standards of medical/surgical practice |
| G0105 | 99310 | NCCI | Standards of medical/surgical practice |
| G0105 | 99318 | NCCI | Standards of medical/surgical practice |
| G0105 | 99324 | NCCI | Standards of medical/surgical practice |
| G0105 | 99325 | NCCI | Standards of medical/surgical practice |
| G0105 | 99326 | NCCI | Standards of medical/surgical practice |
| G0105 | 99327 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 155 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0105 | 99328 | NCCI | Standards of medical/surgical practice |
| G0105 | 99334 | NCCI | Standards of medical/surgical practice |
| G0105 | 99335 | NCCI | Standards of medical/surgical practice |
| G0105 | 99336 | NCCI | Standards of medical/surgical practice |
| G0105 | 99337 | NCCI | Standards of medical/surgical practice |
| G0105 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 99360 | NCCI | NCCI Refer to Specific Guidelines |
| G0105 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 99455 | NCCI | NCCI Refer to Specific Guidelines |
| G0105 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0105 | 99456 | NCCI | NCCI Refer to Specific Guidelines |
| G0105 | 99460 | NCCI | Standards of medical/surgical practice |
| G0105 | 99461 | NCCI | Standards of medical/surgical practice |
| G0105 | 99462 | NCCI | Standards of medical/surgical practice |
| G0105 | 99463 | NCCI | Standards of medical/surgical practice |
| G0105 | 99464 | NCCI | Standards of medical/surgical practice |
| G0105 | 99465 | NCCI | Standards of medical/surgical practice |
| G0105 | 99466 | NCCI | Standards of medical/surgical practice |
| G0105 | 99468 | NCCI | Standards of medical/surgical practice |
| G0105 | 99469 | NCCI | Standards of medical/surgical practice |
| G0105 | 99471 | NCCI | Standards of medical/surgical practice |
| G0105 | 99472 | NCCI | Standards of medical/surgical practice |
| G0105 | 99475 | NCCI | Standards of medical/surgical practice |
| G0105 | 99476 | NCCI | Standards of medical/surgical practice |
| G0105 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0105 | 99478 | NCCI | Standards of medical/surgical practice |
| G0105 | 99479 | NCCI | Standards of medical/surgical practice |
| G0105 | 99480 | NCCI | Standards of medical/surgical practice |
| G0105 | G0105 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0105 | G0181 | BCBST | NCCI Standards of medical / surgical practice |
| G0105 | G0182 | BCBST | NCCI Standards of medical / surgical practice |
| G0105 | G0380 | NCCI | Standards of medical/surgical practice |
| G0105 | G0381 | NCCI | Standards of medical/surgical practice |
| G0105 | G0382 | NCCI | Standards of medical/surgical practice |
| G0105 | G0383 | NCCI | Standards of medical/surgical practice |
| G0105 | G0384 | NCCI | Standards of medical/surgical practice |
| G0106 | 74010 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 74270 | NCCI | NCCI Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 156 of 643

| Comprehensive | Component | | _ |
|---------------|-----------|--------|---|
| Code | Code | Source | Rationale |
| G0106 | 74280 | NCCI | NCCI Mutually exclusive procedures |
| G0106 | 76000 | NCCI | Standards of medical/surgical practice |
| G0106 | 76001 | NCCI | Standards of medical/surgical practice |
| G0106 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 99304 | NCCI | Standards of medical/surgical practice |
| G0106 | 99305 | NCCI | Standards of medical/surgical practice |
| G0106 | 99306 | NCCI | Standards of medical/surgical practice |
| G0106 | 99307 | NCCI | Standards of medical/surgical practice |
| G0106 | 99308 | NCCI | Standards of medical/surgical practice |
| G0106 | 99309 | NCCI | Standards of medical/surgical practice |
| G0106 | 99310 | NCCI | Standards of medical/surgical practice |
| G0106 | 99318 | NCCI | Standards of medical/surgical practice |
| G0106 | 99324 | NCCI | Standards of medical/surgical practice |
| G0106 | 99325 | NCCI | Standards of medical/surgical practice |
| G0106 | 99326 | NCCI | Standards of medical/surgical practice |
| G0106 | 99327 | NCCI | Standards of medical/surgical practice |
| G0106 | 99328 | NCCI | Standards of medical/surgical practice |
| G0106 | 99334 | NCCI | Standards of medical/surgical practice |
| G0106 | 99335 | NCCI | Standards of medical/surgical practice |
| G0106 | 99336 | NCCI | Standards of medical/surgical practice |
| G0106 | 99337 | NCCI | Standards of medical/surgical practice |
| G0106 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | 99460 | NCCI | Standards of medical/surgical practice |
| G0106 | 99461 | NCCI | Standards of medical/surgical practice |
| G0106 | 99462 | NCCI | Standards of medical/surgical practice |
| G0106 | 99463 | NCCI | Standards of medical/surgical practice |
| G0106 | 99464 | NCCI | Standards of medical/surgical practice |
| G0106 | 99465 | NCCI | Standards of medical/surgical practice |
| G0106 | 99466 | NCCI | Standards of medical/surgical practice |
| G0106 | 99468 | NCCI | Standards of medical/surgical practice |
| G0106 | 99469 | NCCI | Standards of medical/surgical practice |
| G0106 | 99471 | NCCI | Standards of medical/surgical practice |
| G0106 | 99472 | NCCI | Standards of medical/surgical practice |
| G0106 | 99475 | NCCI | Standards of medical/surgical practice |
| G0106 | 99476 | NCCI | Standards of medical/surgical practice |
| G0106 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 157 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0106 | 99478 | NCCI | Standards of medical/surgical practice |
| G0106 | 99479 | NCCI | Standards of medical/surgical practice |
| G0106 | 99480 | NCCI | Standards of medical/surgical practice |
| G0106 | G0106 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0106 | G0181 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | G0182 | NCCI | NCCI Standards of medical / surgical practice |
| G0106 | G0380 | NCCI | Standards of medical/surgical practice |
| G0106 | G0381 | NCCI | Standards of medical/surgical practice |
| G0106 | G0382 | NCCI | Standards of medical/surgical practice |
| G0106 | G0383 | NCCI | Standards of medical/surgical practice |
| G0106 | G0384 | NCCI | Standards of medical/surgical practice |
| G0108 | 97802 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0108 | 97803 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0108 | 97804 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0108 | G0270 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0108 | G0271 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0109 | 97802 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0109 | 97803 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0109 | 97804 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0109 | G0270 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0109 | G0271 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0117 | 92020 | BCBST | The edited code is considered an integral component of the listed code. |
| G0117 | G0117 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0117 | G0118 | BCBST | NCCI Most extensive procedures / The edited code is considered an integral component of the listed code. |
| G0118 | 92020 | BCBST | The edited code is considered an integral component of the listed code. |
| G0118 | G0118 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0120 | 74270 | NCCI | NCCI Mutually exclusive procedures |
| G0120 | 74280 | NCCI | NCCI Mutually exclusive procedures |
| G0120 | 76000 | NCCI | Standards of medical/surgical practice |
| G0120 | 76001 | NCCI | Standards of medical/surgical practice |
| G0120 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | 99304 | NCCI | Standards of medical/surgical practice |
| G0120 | 99305 | NCCI | Standards of medical/surgical practice |
| G0120 | 99306 | NCCI | Standards of medical/surgical practice |
| G0120 | 99307 | NCCI | Standards of medical/surgical practice |
| G0120 | 99308 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 158 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0120 | 99309 | NCCI | Standards of medical/surgical practice |
| G0120 | 99310 | NCCI | Standards of medical/surgical practice |
| G0120 | 99318 | NCCI | Standards of medical/surgical practice |
| G0120 | 99324 | NCCI | Standards of medical/surgical practice |
| G0120 | 99325 | NCCI | Standards of medical/surgical practice |
| G0120 | 99326 | NCCI | Standards of medical/surgical practice |
| G0120 | 99327 | NCCI | Standards of medical/surgical practice |
| G0120 | 99328 | NCCI | Standards of medical/surgical practice |
| G0120 | 99334 | NCCI | Standards of medical/surgical practice |
| G0120 | 99335 | NCCI | Standards of medical/surgical practice |
| G0120 | 99336 | NCCI | Standards of medical/surgical practice |
| G0120 | 99337 | NCCI | Standards of medical/surgical practice |
| G0120 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | 99460 | NCCI | Standards of medical/surgical practice |
| G0120 | 99461 | NCCI | Standards of medical/surgical practice |
| G0120 | 99462 | NCCI | Standards of medical/surgical practice |
| G0120 | 99463 | NCCI | Standards of medical/surgical practice |
| G0120 | 99464 | NCCI | Standards of medical/surgical practice |
| G0120 | 99465 | NCCI | Standards of medical/surgical practice |
| G0120 | 99466 | NCCI | Standards of medical/surgical practice |
| G0120 | 99468 | NCCI | Standards of medical/surgical practice |
| G0120 | 99469 | NCCI | Standards of medical/surgical practice |
| G0120 | 99471 | NCCI | Standards of medical/surgical practice |
| G0120 | 99472 | NCCI | Standards of medical/surgical practice |
| G0120 | 99475 | NCCI | Standards of medical/surgical practice |
| G0120 | 99476 | NCCI | Standards of medical/surgical practice |
| G0120 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0120 | 99478 | NCCI | Standards of medical/surgical practice |
| G0120 | 99479 | NCCI | Standards of medical/surgical practice |
| G0120 | 99480 | NCCI | Standards of medical/surgical practice |
| G0120 | G0105 | NCCI | NCCI Mutually exclusive procedures |
| G0120 | G0106 | NCCI | NCCI Mutually exclusive procedures |
| G0120 | G0120 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0120 | G0121 | NCCI | NCCI Mutually exclusive procedures |
| G0120 | G0181 | NCCI | NCCI Standards of medical / surgical practice |
| G0120 | G0182 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 159 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0120 | G0380 | NCCI | Standards of medical/surgical practice |
| G0120 | G0381 | NCCI | Standards of medical/surgical practice |
| G0120 | G0382 | NCCI | Standards of medical/surgical practice |
| G0120 | G0383 | NCCI | Standards of medical/surgical practice |
| G0120 | G0384 | NCCI | Standards of medical/surgical practice |
| G0121 | 36000 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 36400 | NCCI | Standards of medical/surgical practice |
| G0121 | 36405 | NCCI | Standards of medical/surgical practice |
| G0121 | 36406 | NCCI | Standards of medical/surgical practice |
| G0121 | 36410 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 36420 | NCCI | Standards of medical/surgical practice |
| G0121 | 36425 | NCCI | Standards of medical/surgical practice |
| G0121 | 36430 | NCCI | Standards of medical/surgical practice |
| G0121 | 36440 | NCCI | Standards of medical/surgical practice |
| G0121 | 36600 | NCCI | Standards of medical/surgical practice |
| G0121 | 36640 | NCCI | Standards of medical/surgical practice |
| G0121 | 43752 | NCCI | Standards of medical/surgical practice |
| G0121 | 45300 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45303 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45305 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45307 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45308 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45309 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45315 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45317 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45320 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45321 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45327 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45331 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45332 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45333 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45334 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45337 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45338 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45339 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45341 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 45342 | BCBST | NCCI Mutually exclusive procedures |
| G0121 | 45345 | NCCI | NCCI Mutually exclusive procedures |
| G0121 | 51701 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 160 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0121 | 51702 | NCCI | Standards of medical/surgical practice |
| G0121 | 51703 | NCCI | Standards of medical/surgical practice |
| G0121 | 62310 | NCCI | Standards of medical/surgical practice |
| G0121 | 62311 | NCCI | Standards of medical/surgical practice |
| G0121 | 62318 | NCCI | Standards of medical/surgical practice |
| G0121 | 62319 | NCCI | Standards of medical/surgical practice |
| G0121 | 64400 | NCCI | Standards of medical/surgical practice |
| G0121 | 64402 | NCCI | Standards of medical/surgical practice |
| G0121 | 64405 | NCCI | Standards of medical/surgical practice |
| G0121 | 64408 | NCCI | Standards of medical/surgical practice |
| G0121 | 64410 | NCCI | Standards of medical/surgical practice |
| G0121 | 64412 | NCCI | Standards of medical/surgical practice |
| G0121 | 64413 | NCCI | Standards of medical/surgical practice |
| G0121 | 64415 | NCCI | Standards of medical/surgical practice |
| G0121 | 64416 | NCCI | Standards of medical/surgical practice |
| G0121 | 64417 | NCCI | Standards of medical/surgical practice |
| G0121 | 64418 | NCCI | Standards of medical/surgical practice |
| G0121 | 64420 | NCCI | Standards of medical/surgical practice |
| G0121 | 64421 | NCCI | Standards of medical/surgical practice |
| G0121 | 64425 | NCCI | Standards of medical/surgical practice |
| G0121 | 64430 | NCCI | Standards of medical/surgical practice |
| G0121 | 64435 | NCCI | Standards of medical/surgical practice |
| G0121 | 64445 | NCCI | Standards of medical/surgical practice |
| G0121 | 64446 | NCCI | Standards of medical/surgical practice |
| G0121 | 64447 | NCCI | Standards of medical/surgical practice |
| G0121 | 64448 | NCCI | Standards of medical/surgical practice |
| G0121 | 64449 | NCCI | Standards of medical/surgical practice |
| G0121 | 64450 | NCCI | Standards of medical/surgical practice |
| G0121 | 64479 | NCCI | Standards of medical/surgical practice |
| G0121 | 64483 | NCCI | Standards of medical/surgical practice |
| G0121 | 64490 | NCCI | Standards of medical / surgical practice |
| G0121 | 64493 | NCCI | Standards of medical / surgical practice |
| G0121 | 64505 | NCCI | Standards of medical/surgical practice |
| G0121 | 64508 | NCCI | Standards of medical/surgical practice |
| G0121 | 64510 | NCCI | Standards of medical/surgical practice |
| G0121 | 64517 | NCCI | Standards of medical/surgical practice |
| G0121 | 64520 | NCCI | Standards of medical/surgical practice |
| G0121 | 64530 | NCCI | Standards of medical/surgical practice |
| G0121 | 93000 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 161 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0121 | 93005 | NCCI | Standards of medical/surgical practice |
| G0121 | 93010 | NCCI | Standards of medical/surgical practice |
| G0121 | 93040 | NCCI | Standards of medical/surgical practice |
| G0121 | 93041 | NCCI | Standards of medical/surgical practice |
| G0121 | 93042 | NCCI | Standards of medical/surgical practice |
| G0121 | 93318 | NCCI | Standards of medical/surgical practice |
| G0121 | 94002 | NCCI | Standards of medical/surgical practice |
| G0121 | 94200 | NCCI | Standards of medical/surgical practice |
| G0121 | 94250 | NCCI | Standards of medical/surgical practice |
| G0121 | 94680 | NCCI | Standards of medical/surgical practice |
| G0121 | 94681 | NCCI | Standards of medical/surgical practice |
| G0121 | 94690 | NCCI | Standards of medical/surgical practice |
| G0121 | 94770 | NCCI | Standards of medical/surgical practice |
| G0121 | 95812 | NCCI | Standards of medical/surgical practice |
| G0121 | 95813 | NCCI | Standards of medical/surgical practice |
| G0121 | 95816 | NCCI | Standards of medical/surgical practice |
| G0121 | 95819 | NCCI | Standards of medical/surgical practice |
| G0121 | 95822 | NCCI | Standards of medical/surgical practice |
| G0121 | 95829 | NCCI | Standards of medical/surgical practice |
| G0121 | 95955 | NCCI | Standards of medical/surgical practice |
| G0121 | 96360 | NCCI | Standards of medical/surgical practice |
| G0121 | 96365 | NCCI | Standards of medical/surgical practice |
| G0121 | 96372 | NCCI | Standards of medical/surgical practice |
| G0121 | 96374 | NCCI | Standards of medical/surgical practice |
| G0121 | 96375 | NCCI | Standards of medical/surgical practice |
| G0121 | 96376 | NCCI | Standards of medical/surgical practice |
| G0121 | 99148 | NCCI | Misuse of column two code with column one code |
| G0121 | 99149 | NCCI | Misuse of column two code with column one code |
| G0121 | 99150 | NCCI | Misuse of column two code with column one code |
| G0121 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 99291 | NCCI | NCCI Refer to Specific Guidelines |
| G0121 | 99292 | NCCI | NCCI Refer to Specific Guidelines |
| G0121 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 99304 | NCCI | Standards of medical/surgical practice |
| G0121 | 99305 | NCCI | Standards of medical/surgical practice |
| G0121 | 99306 | NCCI | Standards of medical/surgical practice |
| G0121 | 99307 | NCCI | Standards of medical/surgical practice |
| G0121 | 99308 | NCCI | Standards of medical/surgical practice |
| G0121 | 99309 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 162 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0121 | 99310 | NCCI | Standards of medical/surgical practice |
| G0121 | 99318 | NCCI | Standards of medical/surgical practice |
| G0121 | 99324 | NCCI | Standards of medical/surgical practice |
| G0121 | 99325 | NCCI | Standards of medical/surgical practice |
| G0121 | 99326 | NCCI | Standards of medical/surgical practice |
| G0121 | 99327 | NCCI | Standards of medical/surgical practice |
| G0121 | 99328 | NCCI | Standards of medical/surgical practice |
| G0121 | 99334 | NCCI | Standards of medical/surgical practice |
| G0121 | 99335 | NCCI | Standards of medical/surgical practice |
| G0121 | 99336 | NCCI | Standards of medical/surgical practice |
| G0121 | 99337 | NCCI | Standards of medical/surgical practice |
| G0121 | 99360 | NCCI | NCCI Refer to Specific Guidelines |
| G0121 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 99455 | NCCI | NCCI Refer to Specific Guidelines |
| G0121 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| G0121 | 99456 | NCCI | NCCI Refer to Specific Guidelines |
| G0121 | 99460 | NCCI | Standards of medical/surgical practice |
| G0121 | 99461 | NCCI | Standards of medical/surgical practice |
| G0121 | 99462 | NCCI | Standards of medical/surgical practice |
| G0121 | 99463 | NCCI | Standards of medical/surgical practice |
| G0121 | 99465 | NCCI | Standards of medical/surgical practice |
| G0121 | 99466 | NCCI | Standards of medical/surgical practice |
| G0121 | 99468 | NCCI | Standards of medical/surgical practice |
| G0121 | 99469 | NCCI | Standards of medical/surgical practice |
| G0121 | 99471 | NCCI | Standards of medical/surgical practice |
| G0121 | 99472 | NCCI | Standards of medical/surgical practice |
| G0121 | 99475 | NCCI | Standards of medical/surgical practice |
| G0121 | 99476 | NCCI | Standards of medical/surgical practice |
| G0121 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0121 | 99478 | NCCI | Standards of medical/surgical practice |
| G0121 | 99479 | NCCI | Standards of medical/surgical practice |
| G0121 | 99480 | NCCI | Standards of medical/surgical practice |
| G0121 | G0121 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0121 | G0380 | NCCI | Standards of medical/surgical practice |
| G0121 | G0381 | NCCI | Standards of medical/surgical practice |
| G0121 | G0382 | NCCI | Standards of medical/surgical practice |
| G0121 | G0383 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 163 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0121 | G0384 | NCCI | Standards of medical/surgical practice |
| G0122 | G0122 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0123 | G0123 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0123 | P3000 | NCCI | NCCI Standards of medical / surgical practice |
| G0124 | 88142 | NCCI | NCCI Refer to Specific Guidelines |
| G0124 | 88142 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88143 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88147 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88148 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88150 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88152 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88153 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88154 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88164 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88165 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88166 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88167 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | 88174 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0124 | 88175 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0124 | G0124 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0124 | G0141 | NCCI | Standards of medical/surgical practice |
| G0124 | G0147 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | G0148 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | P3000 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0124 | P3001 | NCCI | NCCI Standards of medical / surgical practice |
| G0127 | 51701 | NCCI | Standards of medical/surgical practice |
| G0127 | 51702 | NCCI | Standards of medical/surgical practice |
| G0127 | 51703 | NCCI | Standards of medical/surgical practice |
| G0127 | 96360 | NCCI | Standards of medical/surgical practice |
| G0127 | 96365 | NCCI | Standards of medical/surgical practice |
| G0127 | 96372 | NCCI | Standards of medical/surgical practice |
| G0127 | 96374 | NCCI | Standards of medical/surgical practice |
| G0127 | 96375 | NCCI | Standards of medical/surgical practice |
| G0127 | 96376 | NCCI | Standards of medical / surgical practice |
| G0127 | 97602 | NCCI | Standards of medical/surgical practice |
| G0127 | 97605 | NCCI | Standards of medical/surgical practice |
| G0127 | 97606 | NCCI | Standards of medical/surgical practice |

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Source: PNC-CARR Page 164 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0127 | 99148 | NCCI | Misuse of column two code with column one code |
| G0127 | 99149 | NCCI | Misuse of column two code with column one code |
| G0127 | 99150 | NCCI | Misuse of column two code with column one code |
| G0127 | 99304 | NCCI | Mutually exclusive procedure |
| G0127 | 99305 | NCCI | Mutually exclusive procedure |
| G0127 | 99306 | NCCI | Mutually exclusive procedure |
| G0127 | 99307 | NCCI | Mutually exclusive procedure |
| G0127 | 99308 | NCCI | Mutually exclusive procedure |
| G0127 | 99309 | NCCI | Mutually exclusive procedure |
| G0127 | 99310 | NCCI | Mutually exclusive procedure |
| G0127 | 99318 | NCCI | Mutually exclusive procedure |
| G0127 | 99324 | NCCI | Mutually exclusive procedure |
| G0127 | 99325 | NCCI | Mutually exclusive procedure |
| G0127 | 99326 | NCCI | Mutually exclusive procedure |
| G0127 | 99327 | NCCI | Mutually exclusive procedure |
| G0127 | 99328 | NCCI | Mutually exclusive procedure |
| G0127 | 99334 | NCCI | Mutually exclusive procedure |
| G0127 | 99335 | NCCI | Mutually exclusive procedure |
| G0127 | 99336 | NCCI | Mutually exclusive procedure |
| G0127 | 99337 | NCCI | Mutually exclusive procedure |
| G0127 | G0127 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0127 | G0380 | NCCI | Mutullay Exclusive |
| G0127 | G0381 | NCCI | Mutullay Exclusive |
| G0127 | G0382 | NCCI | Mutullay Exclusive |
| G0127 | G0383 | NCCI | Mutullay Exclusive |
| G0127 | G0384 | NCCI | Mutullay Exclusive |
| G0129 | 97001 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97002 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97003 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97004 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97150 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97530 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97532 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97533 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97535 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97537 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97542 | NCCI | NCCI Standards of medical / surgical practice |
| G0129 | 97545 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 165 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|---------------|--|
| G0130 | 76977 | NCCI | NCCI Mutually exclusive procedures |
| G0130 | 77080 | NCCI | Mutually exclusive |
| G0130 | 78350 | NCCI | Mutually Exclusive Procedure |
| G0130 | G0130 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0141 | 88142 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88143 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88147 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88148 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88148 | NCCI | NCCI Refer to Specific Guidelines |
| G0141 | 88150 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88152 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88153 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88154 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88164 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88165 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88166 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88167 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | 88174 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0141 | 88175 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0141 | G0123 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | G0141 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0141 | G0143 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | G0144 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0141 | P3000 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0143 | G0143 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0144 | 88142 | Reversed NCCI | Standards of Medical/Surgical practice |
| G0144 | 88143 | Reversed NCCI | Standards of Medical/Surgical practice |
| G0144 | G0144 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0145 | 88142 | Reversed NCCI | Standards of Medical/Surgical practice |
| G0145 | 88143 | Reversed NCCI | Standards of Medical/Surgical practice |
| G0145 | G0145 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0145 | G0147 | NCCI | NCCI Standards of medical / surgical practice |
| G0145 | G0148 | NCCI | NCCI Standards of medical / surgical practice |
| G0147 | G0147 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0148 | G0147 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 166 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0148 | G0148 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| G0151 | 97003 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97004 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97150 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97532 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97533 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97537 | NCCI | NCCI Standards of medical / surgical practice |
| G0151 | 97760 | NCCI | Standards of medical/surgical practice |
| G0151 | 97761 | NCCI | Standards of medical/surgical practice |
| G0151 | 97762 | NCCI | Standards of medical/surgical practice |
| G0151 | G0281 | NCCI | Standards of medical / surgical practice |
| G0151 | G0283 | NCCI | Standards of medical / surgical practice |
| G0152 | 97001 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97002 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97003 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97150 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97530 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97533 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97542 | NCCI | NCCI Standards of medical / surgical practice |
| G0152 | 97545 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92506 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92507 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92508 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92526 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92550 | NCCI | Misuse of column 2 code with column 1 code |
| G0153 | 92552 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92553 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92555 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92556 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92557 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92561 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92562 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92563 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92564 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92565 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92567 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92568 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92570 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 167 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|---------------|---|
| G0153 | 92571 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92572 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92575 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92576 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92577 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92579 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92582 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92583 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92584 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92585 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92587 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92588 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92596 | NCCI | NCCI Standards of medical / surgical practice |
| G0153 | 92620 | NCCI | Standards of Medical/Surgical Practice |
| G0153 | 92621 | NCCI | Standards of Medical/Surgical Practice |
| G0153 | 92625 | NCCI | Inappropriate Interpretation of CPT Code Definition |
| G0154 | 36430 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | 96360 | NCCI | Standards of medical/surgical practice |
| G0154 | 96365 | NCCI | Standards of medical/surgical practice |
| G0154 | G0008 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | G0009 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | G0010 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | G0128 | NCCI | NCCI Mutually exclusive procedures |
| G0154 | P9612 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | P9615 | NCCI | NCCI Standards of medical / surgical practice |
| G0154 | Q0081 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0154 | Q0083 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0154 | Q0084 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0154 | Q0085 | Retained NCCI | NCCI Standards of medical / surgical practice |
| G0155 | 97537 | NCCI | NCCI Standards of medical / surgical practice |
| G0166 | 0178T | NCCI | Misuse of column 2 code with column 1 code |
| G0166 | 0179T | NCCI | Misuse of column 2 code with column 1 code |
| G0166 | 0180T | NCCI | Misuse of column 2 code with column 1 code |
| G0166 | 92971 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93000 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93005 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93040 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93041 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 168 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0166 | 93042 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93701 | NCCI | NCCI Standards of medical / surgical practice |
| G0166 | 93720 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93721 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93722 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93922 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93923 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93924 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 93965 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 97016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0166 | 99211 | NCCI | Standards of medical / surgical practice |
| G0168 | 36000 | NCCI | Standards of medical/surgical practice |
| G0168 | 36400 | NCCI | Standards of medical/surgical practice |
| G0168 | 36405 | NCCI | Standards of medical/surgical practice |
| G0168 | 36406 | NCCI | Standards of medical/surgical practice |
| G0168 | 36410 | NCCI | Standards of medical/surgical practice |
| G0168 | 36420 | NCCI | Standards of medical/surgical practice |
| G0168 | 36425 | NCCI | Standards of medical/surgical practice |
| G0168 | 36430 | NCCI | Standards of medical/surgical practice |
| G0168 | 36440 | NCCI | Standards of medical/surgical practice |
| G0168 | 36600 | NCCI | Standards of medical/surgical practice |
| G0168 | 36640 | NCCI | Standards of medical/surgical practice |
| G0168 | 43752 | NCCI | Standards of medical/surgical practice |
| G0168 | 51701 | NCCI | Standards of medical/surgical practice |
| G0168 | 51702 | NCCI | Standards of medical/surgical practice |
| G0168 | 51703 | NCCI | Standards of medical/surgical practice |
| G0168 | 62310 | NCCI | Standards of medical/surgical practice |
| G0168 | 62311 | NCCI | Standards of medical/surgical practice |
| G0168 | 62318 | NCCI | Standards of medical/surgical practice |
| G0168 | 62319 | NCCI | Standards of medical/surgical practice |
| G0168 | 64400 | NCCI | Standards of medical/surgical practice |
| G0168 | 64402 | NCCI | Standards of medical/surgical practice |
| G0168 | 64405 | NCCI | Standards of medical/surgical practice |
| G0168 | 64408 | NCCI | Standards of medical/surgical practice |
| G0168 | 64410 | NCCI | Standards of medical/surgical practice |
| G0168 | 64412 | NCCI | Standards of medical/surgical practice |
| G0168 | 64413 | NCCI | Standards of medical/surgical practice |
| G0168 | 64415 | NCCI | Standards of medical/surgical practice |
| G0168 | 64416 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 169 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0168 | 64417 | NCCI | Standards of medical/surgical practice |
| G0168 | 64418 | NCCI | Standards of medical/surgical practice |
| G0168 | 64420 | NCCI | Standards of medical/surgical practice |
| G0168 | 64421 | NCCI | Standards of medical/surgical practice |
| G0168 | 64425 | NCCI | Standards of medical/surgical practice |
| G0168 | 64430 | NCCI | Standards of medical/surgical practice |
| G0168 | 64435 | NCCI | Standards of medical/surgical practice |
| G0168 | 64445 | NCCI | Standards of medical/surgical practice |
| G0168 | 64446 | NCCI | Standards of medical/surgical practice |
| G0168 | 64447 | NCCI | Standards of medical/surgical practice |
| G0168 | 64448 | NCCI | Standards of medical/surgical practice |
| G0168 | 64449 | NCCI | Standards of medical/surgical practice |
| G0168 | 64450 | NCCI | Standards of medical/surgical practice |
| G0168 | 64479 | NCCI | Standards of medical/surgical practice |
| G0168 | 64483 | NCCI | Standards of medical/surgical practice |
| G0168 | 64490 | NCCI | Standards of medical / surgical practice |
| G0168 | 64493 | NCCI | Standards of medical / surgical practice |
| G0168 | 64505 | NCCI | Standards of medical/surgical practice |
| G0168 | 64508 | NCCI | Standards of medical/surgical practice |
| G0168 | 64510 | NCCI | Standards of medical/surgical practice |
| G0168 | 64517 | NCCI | Standards of medical/surgical practice |
| G0168 | 64520 | NCCI | Standards of medical/surgical practice |
| G0168 | 64530 | NCCI | Standards of medical/surgical practice |
| G0168 | 93000 | NCCI | Standards of medical/surgical practice |
| G0168 | 93005 | NCCI | Standards of medical/surgical practice |
| G0168 | 93010 | NCCI | Standards of medical/surgical practice |
| G0168 | 93040 | NCCI | Standards of medical/surgical practice |
| G0168 | 93041 | NCCI | Standards of medical/surgical practice |
| G0168 | 93042 | NCCI | Standards of medical/surgical practice |
| G0168 | 93318 | NCCI | Standards of medical/surgical practice |
| G0168 | 94002 | NCCI | Standards of medical/surgical practice |
| G0168 | 94200 | NCCI | Standards of medical/surgical practice |
| G0168 | 94250 | NCCI | Standards of medical/surgical practice |
| G0168 | 94680 | NCCI | Standards of medical/surgical practice |
| G0168 | 94681 | NCCI | Standards of medical/surgical practice |
| G0168 | 94690 | NCCI | Standards of medical/surgical practice |
| G0168 | 94770 | NCCI | Standards of medical/surgical practice |
| G0168 | 95812 | NCCI | Standards of medical/surgical practice |
| G0168 | 95813 | NCCI | Standards of medical/surgical practice |

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Source: PNC-CARR Page 170 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0168 | 95816 | NCCI | Standards of medical/surgical practice |
| G0168 | 95819 | NCCI | Standards of medical/surgical practice |
| G0168 | 95822 | NCCI | Standards of medical/surgical practice |
| G0168 | 95829 | NCCI | Standards of medical/surgical practice |
| G0168 | 95955 | NCCI | Standards of medical/surgical practice |
| G0168 | 96360 | NCCI | Standards of medical/surgical practice |
| G0168 | 96365 | NCCI | Standards of medical/surgical practice |
| G0168 | 96372 | NCCI | Standards of medical/surgical practice |
| G0168 | 96374 | NCCI | Standards of medical/surgical practice |
| G0168 | 96375 | NCCI | Standards of medical/surgical practice |
| G0168 | 96376 | NCCI | Standards of medical/surgical practice |
| G0168 | 99148 | NCCI | Misuse of column two code with column one code |
| G0168 | 99149 | NCCI | Misuse of column two code with column one code |
| G0168 | 99150 | NCCI | Misuse of column two code with column one code |
| G0173 | 11920 | NCCI | Standards of medical/surgical practice |
| G0173 | 11921 | NCCI | Standards of medical/surgical practice |
| G0173 | 16000 | NCCI | Standards of medical/surgical practice |
| G0173 | 16020 | NCCI | Standards of medical/surgical practice |
| G0173 | 16025 | NCCI | Standards of medical/surgical practice |
| G0173 | 16030 | NCCI | Standards of medical/surgical practice |
| G0173 | 20660 | NCCI | NCCI HCPCS/CPT separate procedure definition |
| G0173 | 20661 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 20693 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 20694 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 36000 | NCCI | Standards of medical/surgical practice |
| G0173 | 36410 | NCCI | Standards of medical/surgical practice |
| G0173 | 36425 | NCCI | Standards of medical/surgical practice |
| G0173 | 51701 | NCCI | Standards of medical/surgical practice |
| G0173 | 51702 | NCCI | Standards of medical/surgical practice |
| G0173 | 51703 | NCCI | Standards of medical/surgical practice |
| G0173 | 61304 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61305 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61312 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61313 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61314 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61315 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61320 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61321 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61330 | NCCI | NCCI Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 171 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0173 | 61332 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61333 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61440 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61450 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61458 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61460 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61470 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61480 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61490 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61500 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61501 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61510 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61512 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61514 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61516 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61518 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61519 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61520 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61521 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61522 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61524 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61526 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61530 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61563 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61564 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61720 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61735 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61790 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61791 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 61795 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 69990 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0173 | 77321 | NCCI | Standards of medical/surgical practice |
| G0173 | 77326 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 77327 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 77328 | NCCI | NCCI Standards of medical / surgical practice |
| G0173 | 77336 | NCCI | Standards of medical/surgical practice |
| G0173 | 77371 | NCCI | Mutually exclusive |
| G0173 | 77372 | NCCI | Mutually exclusive |
| G0173 | 77373 | NCCI | Mutually exclusive |

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Source: PNC-CARR Page 172 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0173 | 77418 | NCCI | Misuse of column 2 code with column 1 code |
| G0173 | 77427 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 77431 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 77470 | NCCI | NCCI Mutually exclusive procedures |
| G0173 | 90804 | NCCI | Standards of medical/surgical practice |
| G0173 | 90805 | NCCI | Standards of medical/surgical practice |
| G0173 | 90806 | NCCI | Standards of medical/surgical practice |
| G0173 | 90807 | NCCI | Standards of medical/surgical practice |
| G0173 | 90808 | NCCI | Standards of medical/surgical practice |
| G0173 | 90809 | NCCI | Standards of medical/surgical practice |
| G0173 | 90810 | NCCI | Standards of medical/surgical practice |
| G0173 | 90811 | NCCI | Standards of medical/surgical practice |
| G0173 | 90812 | NCCI | Standards of medical/surgical practice |
| G0173 | 90813 | NCCI | Standards of medical/surgical practice |
| G0173 | 90814 | NCCI | Standards of medical/surgical practice |
| G0173 | 90815 | NCCI | Standards of medical/surgical practice |
| G0173 | 90816 | NCCI | Standards of medical/surgical practice |
| G0173 | 90817 | NCCI | Standards of medical/surgical practice |
| G0173 | 90818 | NCCI | Standards of medical/surgical practice |
| G0173 | 90819 | NCCI | Standards of medical/surgical practice |
| G0173 | 90821 | NCCI | Standards of medical/surgical practice |
| G0173 | 90822 | NCCI | Standards of medical/surgical practice |
| G0173 | 90846 | NCCI | Standards of medical/surgical practice |
| G0173 | 90847 | NCCI | Standards of medical/surgical practice |
| G0173 | 90862 | NCCI | Standards of medical/surgical practice |
| G0173 | 96360 | NCCI | Standards of medical/surgical practice |
| G0173 | 96361 | NCCI | Standards of medical/surgical practice |
| G0173 | 96365 | NCCI | Standards of medical/surgical practice |
| G0173 | 96366 | NCCI | Standards of medical/surgical practice |
| G0173 | 96367 | NCCI | Standards of medical/surgical practice |
| G0173 | 96368 | NCCI | Standards of medical/surgical practice |
| G0173 | 97802 | NCCI | Standards of medical/surgical practice |
| G0173 | 97803 | NCCI | Standards of medical/surgical practice |
| G0173 | 97804 | NCCI | Standards of medical/surgical practice |
| G0173 | 99143 | NCCI | Standards of medical/surgical practice |
| G0173 | 99144 | NCCI | Primary procedure per NCCI; see rationale for primary code editing |
| G0173 | 99145 | NCCI | Standards of medical / surgical practice |
| G0173 | 99201 | NCCI | Standards of medical/surgical practice |
| G0173 | 99202 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 173 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0173 | 99203 | NCCI | Standards of medical/surgical practice |
| G0173 | 99204 | NCCI | Standards of medical/surgical practice |
| G0173 | 99205 | NCCI | Standards of medical/surgical practice |
| G0173 | 99211 | NCCI | Standards of medical/surgical practice |
| G0173 | 99212 | NCCI | Standards of medical/surgical practice |
| G0173 | 99213 | NCCI | Standards of medical/surgical practice |
| G0173 | 99214 | NCCI | Standards of medical/surgical practice |
| G0173 | 99215 | NCCI | Standards of medical/surgical practice |
| G0173 | 99217 | NCCI | Standards of medical/surgical practice |
| G0173 | 99218 | NCCI | Standards of medical/surgical practice |
| G0173 | 99219 | NCCI | Standards of medical/surgical practice |
| G0173 | 99220 | NCCI | Standards of medical/surgical practice |
| G0173 | 99221 | NCCI | Standards of medical/surgical practice |
| G0173 | 99222 | NCCI | Standards of medical/surgical practice |
| G0173 | 99223 | NCCI | Standards of medical/surgical practice |
| G0173 | 99231 | NCCI | Standards of medical/surgical practice |
| G0173 | 99232 | NCCI | Standards of medical/surgical practice |
| G0173 | 99233 | NCCI | Standards of medical/surgical practice |
| G0173 | 99234 | NCCI | Standards of medical/surgical practice |
| G0173 | 99235 | NCCI | Standards of medical/surgical practice |
| G0173 | 99236 | NCCI | Standards of medical/surgical practice |
| G0173 | 99238 | NCCI | Standards of medical/surgical practice |
| G0173 | 99239 | NCCI | Standards of medical/surgical practice |
| G0173 | 99281 | NCCI | Standards of medical/surgical practice |
| G0173 | 99282 | NCCI | Standards of medical/surgical practice |
| G0173 | 99283 | NCCI | Standards of medical/surgical practice |
| G0173 | 99284 | NCCI | Standards of medical/surgical practice |
| G0173 | 99285 | NCCI | Standards of medical/surgical practice |
| G0173 | 99291 | NCCI | Standards of medical/surgical practice |
| G0173 | 99292 | NCCI | Standards of medical/surgical practice |
| G0173 | 99304 | NCCI | Standards of medical/surgical practice |
| G0173 | 99305 | NCCI | Standards of medical/surgical practice |
| G0173 | 99306 | NCCI | Standards of medical/surgical practice |
| G0173 | 99307 | NCCI | Standards of medical/surgical practice |
| G0173 | 99308 | NCCI | Standards of medical/surgical practice |
| G0173 | 99309 | NCCI | Standards of medical/surgical practice |
| G0173 | 99310 | NCCI | Standards of medical/surgical practice |
| G0173 | 99315 | NCCI | Standards of medical/surgical practice |
| G0173 | 99316 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 174 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0173 | 99318 | NCCI | Standards of medical/surgical practice |
| G0173 | 99324 | NCCI | Standards of medical/surgical practice |
| G0173 | 99325 | NCCI | Standards of medical/surgical practice |
| G0173 | 99326 | NCCI | Standards of medical/surgical practice |
| G0173 | 99327 | NCCI | Standards of medical/surgical practice |
| G0173 | 99328 | NCCI | Standards of medical/surgical practice |
| G0173 | 99334 | NCCI | Standards of medical/surgical practice |
| G0173 | 99335 | NCCI | Standards of medical/surgical practice |
| G0173 | 99336 | NCCI | Standards of medical/surgical practice |
| G0173 | 99337 | NCCI | Standards of medical/surgical practice |
| G0173 | 99341 | NCCI | Standards of medical/surgical practice |
| G0173 | 99342 | NCCI | Standards of medical/surgical practice |
| G0173 | 99343 | NCCI | Standards of medical/surgical practice |
| G0173 | 99344 | NCCI | Standards of medical/surgical practice |
| G0173 | 99345 | NCCI | Standards of medical/surgical practice |
| G0173 | 99347 | NCCI | Standards of medical/surgical practice |
| G0173 | 99348 | NCCI | Standards of medical/surgical practice |
| G0173 | 99349 | NCCI | Standards of medical/surgical practice |
| G0173 | 99350 | NCCI | Standards of medical/surgical practice |
| G0173 | 99360 | NCCI | Standards of medical/surgical practice |
| G0173 | 99455 | NCCI | Standards of medical/surgical practice |
| G0173 | 99456 | NCCI | Standards of medical/surgical practice |
| G0173 | 99460 | NCCI | Standards of medical/surgical practice |
| G0173 | 99461 | NCCI | Standards of medical/surgical practice |
| G0173 | 99462 | NCCI | Standards of medical/surgical practice |
| G0173 | 99463 | NCCI | Standards of medical/surgical practice |
| G0173 | 99464 | NCCI | Standards of medical/surgical practice |
| G0173 | 99465 | NCCI | Standards of medical/surgical practice |
| G0173 | 99466 | NCCI | Standards of medical/surgical practice |
| G0173 | 99467 | NCCI | Standards of medical/surgical practice |
| G0173 | 99468 | NCCI | Standards of medical/surgical practice |
| G0173 | 99469 | NCCI | Standards of medical/surgical practice |
| G0173 | 99471 | NCCI | Standards of medical/surgical practice |
| G0173 | 99472 | NCCI | Standards of medical/surgical practice |
| G0173 | 99475 | NCCI | Standards of medical/surgical practice |
| G0173 | 99476 | NCCI | Standards of medical/surgical practice |
| G0173 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0173 | 99478 | NCCI | Standards of medical/surgical practice |
| G0173 | 99479 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 175 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0173 | 99480 | NCCI | Standards of medical/surgical practice |
| G0173 | G0251 | NCCI | Mutually exclusive procedures |
| G0173 | M0064 | NCCI | Standards of medical/surgical practice |
| G0179 | G0180 | NCCI | NCCI Mutually exclusive procedures |
| G0181 | 93040 | NCCI | NCCI Standards of medical / surgical practice |
| G0181 | 93041 | NCCI | NCCI Standards of medical / surgical practice |
| G0181 | 93042 | NCCI | NCCI Standards of medical / surgical practice |
| G0181 | G0102 | NCCI | NCCI Standards of medical / surgical practice |
| G0181 | G0182 | NCCI | NCCI Mutually exclusive procedures |
| G0182 | 93040 | NCCI | NCCI Standards of medical / surgical practice |
| G0182 | 93041 | NCCI | NCCI Standards of medical / surgical practice |
| G0182 | 93042 | NCCI | NCCI Standards of medical / surgical practice |
| G0182 | G0102 | NCCI | NCCI Standards of medical / surgical practice |
| G0186 | 67005 | NCCI | NCCI Standards of medical / surgical practice |
| G0186 | 67010 | NCCI | NCCI Standards of medical / surgical practice |
| G0186 | 67015 | NCCI | NCCI Standards of medical / surgical practice |
| G0186 | 67145 | NCCI | NCCI Standards of medical / surgical practice |
| G0186 | 67210 | NCCI | NCCI Mutually exclusive procedures |
| G0186 | 67220 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0186 | 67221 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0186 | 67228 | NCCI | NCCI Mutually exclusive procedures |
| G0186 | 67500 | NCCI | NCCI HCPCS/CPT separate procedure definition |
| G0186 | 69990 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| G0186 | 96360 | NCCI | Standards of medical/surgical practice |
| G0186 | 96365 | NCCI | Standards of medical/surgical practice |
| G0202 | 76150 | NCCI | NCCI HCPCS/CPT coding manual instruction / guideline |
| G0202 | 77057 | NCCI | Most extensive procedure |
| G0202 | G0202 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0204 | 76150 | NCCI | NCCI HCPCS/CPT coding manual instruction / guideline |
| G0204 | 77055 | NCCI | Most extensive procedure |
| G0204 | 77056 | NCCI | Most extensive procedure |
| G0204 | G0204 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0204 | G0206 | BCBST | NCCI Most extensive procedures / The edited code is considered an integral component of the listed code. |
| G0206 | 76150 | NCCI | NCCI HCPCS/CPT coding manual instruction / guideline |
| G0206 | 77055 | NCCI | Most extensive procedure |
| G0206 | G0206 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 176 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| G0219 | G0219 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0222 | G0220 | BCBST | Edited code is clinically inconsistent with the listed procedure in that a diagnostic examination would not be performed on the same day as a restaging examination. |
| G0222 | G0221 | BCBST | Edited code is clinically inconsistent with the listed procedure in that an initial staging examination would not be performed on the same day as a restaging examination. |
| G0222 | G0222 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0231 | G0213 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0231 | G0214 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0231 | G0215 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0232 | G0213 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0232 | G0214 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0232 | G0215 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0237 | G0237 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0238 | G0238 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0239 | G0237 | NCCI | HCPCS/CPT procedure code definition |
| G0239 | G0238 | NCCI | Most extensive procedures |
| G0239 | G0239 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0245 | 0183T | NCCI | Misuse of column 2 code with column 1 code |
| G0245 | 11042 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0245 | 11043 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0245 | 11044 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0245 | 11306 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11307 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11308 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11420 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11421 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11422 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11423 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11424 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11426 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0245 | 11755 | NCCI | HCPCS/CPT separate procedure definition |
| G0245 | 11765 | NCCI | Standards of medical / surgical practice |
| G0245 | 97597 | NCCI | Standards of medical / surgical practice |
| G0245 | 97598 | NCCI | Standards of medical / surgical practice |
| G0245 | 97602 | NCCI | Standards of medical/surgical practice |
| G0245 | 97605 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 177 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0245 | 97606 | NCCI | Standards of medical/surgical practice |
| G0245 | G0127 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0245 | G0245 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0245 | G0246 | BCBST | NCCI Most extensive procedures / This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| G0245 | G0246 | NCCI | NCCI Most extensive procedures |
| G0246 | 0183T | NCCI | Misuse of column 2 code with column 1 code |
| G0246 | 11040 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11041 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11042 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11043 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11044 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11056 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11057 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | 11305 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11306 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11307 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11308 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11420 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11421 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11422 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11423 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11424 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11426 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0246 | 11755 | NCCI | HCPCS/CPT separate procedure definition |
| G0246 | 11765 | NCCI | Standards of medical / surgical practice |
| G0246 | 97602 | NCCI | Standards of medical/surgical practice |
| G0246 | 97605 | NCCI | Standards of medical/surgical practice |
| G0246 | 97606 | NCCI | Standards of medical/surgical practice |
| G0246 | G0127 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0246 | G0246 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0247 | 0183T | NCCI | Misuse of column 2 code with column 1 code |
| G0247 | 11040 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Edited code not allowed when used to report incidental debridement at the time of the definitive procedure. |
| G0247 | 11041 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Edited code not allowed when used to report incidental debridement at the time of the definitive procedure. |
| G0247 | 11042 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Edited code not allowed when used to report incidental debridement at the time of the definitive procedure. |
| G0247 | 11055 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Debridement of corns and calluses included in listed procedure. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 178 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0247 | 11056 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Debridement of corns and calluses included in listed procedure. |
| G0247 | 11057 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Debridement of corns and calluses included in listed procedure. |
| G0247 | 11719 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Trimming and debridement of nails included in listed procedure. |
| G0247 | 11720 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Trimming and debridement of nails included in listed procedure. |
| G0247 | 11721 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Trimming and debridement of nails included in listed procedure. |
| G0247 | 97602 | BCBST | Edited code not allowed if used to report simple debridement included in the listed procedure. |
| G0247 | 97602 | NCCI | Standards of medical/surgical practice |
| G0247 | 97605 | NCCI | Standards of medical/surgical practice |
| G0247 | 97606 | NCCI | Standards of medical/surgical practice |
| G0247 | G0127 | BCBST | NCCI HCPCS/CPT coding manual instruction / guideline / Trimming and debridement of nails included in listed procedure. |
| G0247 | G0127 | NCCI | NCCI HCPCS/CPT coding manual instruction / guideline |
| G0247 | G0247 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0247 | S0390 | BCBST | Edited code not allowed if used to report services included in the listed procedure. |
| G0248 | G0248 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0249 | G0249 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0250 | G0250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0251 | 0073T | NCCI | Inappropriate Interpretation of CPT Code Definition |
| G0251 | 11920 | NCCI | Standards of medical/surgical practice |
| G0251 | 11921 | NCCI | Standards of medical/surgical practice |
| G0251 | 16000 | NCCI | Standards of medical/surgical practice |
| G0251 | 16020 | NCCI | Standards of medical/surgical practice |
| G0251 | 16025 | NCCI | Standards of medical/surgical practice |
| G0251 | 16030 | NCCI | Standards of medical/surgical practice |
| G0251 | 20660 | NCCI | HCPCS/CPT separate procedure definition |
| G0251 | 20661 | NCCI | Mutually exclusive procedures |
| G0251 | 20693 | NCCI | Mutually exclusive procedures |
| G0251 | 20694 | NCCI | Mutually exclusive procedures |
| G0251 | 36000 | NCCI | Standards of medical/surgical practice |
| G0251 | 36410 | NCCI | Standards of medical/surgical practice |
| G0251 | 61304 | NCCI | Mutually exclusive procedures |
| G0251 | 61305 | NCCI | Mutually exclusive procedures |
| G0251 | 61312 | NCCI | Mutually exclusive procedures |
| G0251 | 61313 | NCCI | Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 179 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0251 | 61314 | NCCI | Mutually exclusive procedures |
| G0251 | 61315 | NCCI | Mutually exclusive procedures |
| G0251 | 61320 | NCCI | Mutually exclusive procedures |
| G0251 | 61321 | NCCI | Mutually exclusive procedures |
| G0251 | 61330 | NCCI | Mutually exclusive procedures |
| G0251 | 61332 | NCCI | Mutually exclusive procedures |
| G0251 | 61333 | NCCI | Mutually exclusive procedures |
| G0251 | 61440 | NCCI | Mutually exclusive procedures |
| G0251 | 61450 | NCCI | Mutually exclusive procedures |
| G0251 | 61458 | NCCI | Mutually exclusive procedures |
| G0251 | 61460 | NCCI | Mutually exclusive procedures |
| G0251 | 61470 | NCCI | Mutually exclusive procedures |
| G0251 | 61480 | NCCI | Mutually exclusive procedures |
| G0251 | 61490 | NCCI | Mutually exclusive procedures |
| G0251 | 61500 | NCCI | Mutually exclusive procedures |
| G0251 | 61510 | NCCI | Mutually exclusive procedures |
| G0251 | 61512 | NCCI | Mutually exclusive procedures |
| G0251 | 61514 | NCCI | Mutually exclusive procedures |
| G0251 | 61516 | NCCI | Mutually exclusive procedures |
| G0251 | 61518 | NCCI | Mutually exclusive procedures |
| G0251 | 61519 | NCCI | Mutually exclusive procedures |
| G0251 | 61520 | NCCI | Mutually exclusive procedures |
| G0251 | 61521 | NCCI | Mutually exclusive procedures |
| G0251 | 61522 | NCCI | Mutually exclusive procedures |
| G0251 | 61524 | NCCI | Mutually exclusive procedures |
| G0251 | 61530 | NCCI | Mutually exclusive procedures |
| G0251 | 61563 | NCCI | Mutually exclusive procedures |
| G0251 | 61564 | NCCI | Mutually exclusive procedures |
| G0251 | 61735 | NCCI | Mutually exclusive procedures |
| G0251 | 61795 | NCCI | Standards of medical / surgical practice |
| G0251 | 69990 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0251 | 77321 | NCCI | Standards of medical / surgical practice |
| G0251 | 77326 | NCCI | Standards of medical / surgical practice |
| G0251 | 77327 | NCCI | Standards of medical / surgical practice |
| G0251 | 77328 | NCCI | Standards of medical / surgical practice |
| G0251 | 77401 | NCCI | Standards of medical / surgical practice |
| G0251 | 77402 | NCCI | Standards of medical / surgical practice |
| G0251 | 77403 | NCCI | Standards of medical / surgical practice |
| G0251 | 77404 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 180 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0251 | 77406 | NCCI | Standards of medical / surgical practice |
| G0251 | 77407 | NCCI | Standards of medical / surgical practice |
| G0251 | 77408 | NCCI | Standards of medical / surgical practice |
| G0251 | 77409 | NCCI | Standards of medical / surgical practice |
| G0251 | 77411 | NCCI | Standards of medical / surgical practice |
| G0251 | 77412 | NCCI | Standards of medical / surgical practice |
| G0251 | 77413 | NCCI | Standards of medical / surgical practice |
| G0251 | 77414 | NCCI | Standards of medical / surgical practice |
| G0251 | 77416 | NCCI | Standards of medical / surgical practice |
| G0251 | 77418 | NCCI | Misuse of column 2 code with column 1 code |
| G0251 | 90804 | NCCI | Standards of medical/surgical practice |
| G0251 | 90805 | NCCI | Standards of medical/surgical practice |
| G0251 | 90806 | NCCI | Standards of medical/surgical practice |
| G0251 | 90807 | NCCI | Standards of medical/surgical practice |
| G0251 | 90808 | NCCI | Standards of medical/surgical practice |
| G0251 | 90809 | NCCI | Standards of medical/surgical practice |
| G0251 | 90810 | NCCI | Standards of medical/surgical practice |
| G0251 | 90811 | NCCI | Standards of medical/surgical practice |
| G0251 | 90812 | NCCI | Standards of medical/surgical practice |
| G0251 | 90813 | NCCI | Standards of medical/surgical practice |
| G0251 | 90814 | NCCI | Standards of medical/surgical practice |
| G0251 | 90815 | NCCI | Standards of medical/surgical practice |
| G0251 | 90816 | NCCI | Standards of medical/surgical practice |
| G0251 | 90817 | NCCI | Standards of medical/surgical practice |
| G0251 | 90818 | NCCI | Standards of medical/surgical practice |
| G0251 | 90819 | NCCI | Standards of medical/surgical practice |
| G0251 | 90821 | NCCI | Standards of medical/surgical practice |
| G0251 | 90822 | NCCI | Standards of medical/surgical practice |
| G0251 | 90847 | NCCI | Standards of medical/surgical practice |
| G0251 | 96360 | NCCI | Standards of medical/surgical practice |
| G0251 | 96361 | NCCI | Standards of medical/surgical practice |
| G0251 | 96365 | NCCI | Standards of medical/surgical practice |
| G0251 | 96366 | NCCI | Standards of medical/surgical practice |
| G0251 | 96367 | NCCI | Standards of medical/surgical practice |
| G0251 | 96368 | NCCI | Standards of medical/surgical practice |
| G0251 | 99143 | NCCI | Standards of medical/surgical practice |
| G0251 | 99144 | NCCI | Primary procedure per NCCI; see rationale for primary code editing |
| G0251 | 99145 | NCCI | Standards of medical / surgical practice |
| G0251 | 99201 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 181 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0251 | 99201 | NCCI | Standard of medical/surigical practice |
| G0251 | 99202 | NCCI | Standards of medical / surgical practice |
| G0251 | 99202 | NCCI | Standard of medical/surigical practice |
| G0251 | 99203 | NCCI | Standards of medical / surgical practice |
| G0251 | 99203 | NCCI | Standard of medical/surigical practice |
| G0251 | 99204 | NCCI | Standards of medical / surgical practice |
| G0251 | 99204 | NCCI | Standard of medical/surigical practice |
| G0251 | 99205 | NCCI | Standards of medical / surgical practice |
| G0251 | 99205 | NCCI | Standard of medical/surigical practice |
| G0251 | 99211 | NCCI | Standards of medical / surgical practice |
| G0251 | 99211 | NCCI | Standard of medical/surigical practice |
| G0251 | 99212 | NCCI | Standards of medical / surgical practice |
| G0251 | 99212 | NCCI | Standard of medical/surigical practice |
| G0251 | 99213 | NCCI | Standards of medical / surgical practice |
| G0251 | 99213 | NCCI | Standard of medical/surigical practice |
| G0251 | 99214 | NCCI | Standards of medical / surgical practice |
| G0251 | 99214 | NCCI | Standard of medical/surigical practice |
| G0251 | 99215 | NCCI | Standards of medical / surgical practice |
| G0251 | 99215 | NCCI | Standard of medical/surigical practice |
| G0251 | 99217 | NCCI | Standards of medical / surgical practice |
| G0251 | 99217 | NCCI | Standard of medical/surigical practice |
| G0251 | 99218 | NCCI | Standards of medical / surgical practice |
| G0251 | 99218 | NCCI | Standard of medical/surigical practice |
| G0251 | 99219 | NCCI | Standards of medical / surgical practice |
| G0251 | 99219 | NCCI | Standard of medical/surigical practice |
| G0251 | 99220 | NCCI | Standards of medical / surgical practice |
| G0251 | 99220 | NCCI | Standard of medical/surigical practice |
| G0251 | 99221 | NCCI | Standards of medical / surgical practice |
| G0251 | 99221 | NCCI | Standard of medical/surigical practice |
| G0251 | 99222 | NCCI | Standards of medical / surgical practice |
| G0251 | 99222 | NCCI | Standard of medical/surigical practice |
| G0251 | 99223 | NCCI | Standards of medical / surgical practice |
| G0251 | 99223 | NCCI | Standard of medical/surigical practice |
| G0251 | 99231 | NCCI | Standards of medical / surgical practice |
| G0251 | 99231 | NCCI | Standard of medical/surigical practice |
| G0251 | 99232 | NCCI | Standards of medical / surgical practice |
| G0251 | 99232 | NCCI | Standard of medical/surigical practice |
| G0251 | 99233 | NCCI | Standards of medical / surgical practice |
| G0251 | 99233 | NCCI | Standard of medical/surigical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 182 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0251 | 99234 | NCCI | Standards of medical/surgical practice |
| G0251 | 99235 | NCCI | Standards of medical/surgical practice |
| G0251 | 99236 | NCCI | Standards of medical/surgical practice |
| G0251 | 99238 | NCCI | Standards of medical / surgical practice |
| G0251 | 99238 | NCCI | Standard of medical/surigical practice |
| G0251 | 99239 | NCCI | Standards of medical / surgical practice |
| G0251 | 99239 | NCCI | Standard of medical/surigical practice |
| G0251 | 99281 | NCCI | Standards of medical / surgical practice |
| G0251 | 99281 | NCCI | Standard of medical/surigical practice |
| G0251 | 99282 | NCCI | Standards of medical / surgical practice |
| G0251 | 99282 | NCCI | Standard of medical/surigical practice |
| G0251 | 99283 | NCCI | Standards of medical / surgical practice |
| G0251 | 99283 | NCCI | Standard of medical/surigical practice |
| G0251 | 99284 | NCCI | Standards of medical / surgical practice |
| G0251 | 99284 | NCCI | Standard of medical/surigical practice |
| G0251 | 99285 | NCCI | Standards of medical / surgical practice |
| G0251 | 99285 | NCCI | Standard of medical/surigical practice |
| G0251 | 99291 | NCCI | Standards of medical / surgical practice |
| G0251 | 99291 | NCCI | Standard of medical/surigical practice |
| G0251 | 99292 | NCCI | Standards of medical / surgical practice |
| G0251 | 99292 | NCCI | Standard of medical/surigical practice |
| G0251 | 99315 | NCCI | Standards of medical / surgical practice |
| G0251 | 99315 | NCCI | Standard of medical/surigical practice |
| G0251 | 99316 | NCCI | Standards of medical / surgical practice |
| G0251 | 99316 | NCCI | Standard of medical/surigical practice |
| G0251 | 99341 | NCCI | Standards of medical / surgical practice |
| G0251 | 99341 | NCCI | Standard of medical/surigical practice |
| G0251 | 99342 | NCCI | Standards of medical / surgical practice |
| G0251 | 99342 | NCCI | Standard of medical/surigical practice |
| G0251 | 99343 | NCCI | Standards of medical / surgical practice |
| G0251 | 99343 | NCCI | Standard of medical/surigical practice |
| G0251 | 99344 | NCCI | Standards of medical/surgical practice |
| G0251 | 99345 | NCCI | Standards of medical/surgical practice |
| G0251 | 99347 | NCCI | Standards of medical / surgical practice |
| G0251 | 99348 | NCCI | Standards of medical / surgical practice |
| G0251 | 99349 | NCCI | Standards of medical / surgical practice |
| G0251 | 99350 | NCCI | Standards of medical/surgical practice |
| G0251 | 99354 | NCCI | Standards of medical / surgical practice |
| G0251 | 99354 | NCCI | Standard of medical/surigical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 183 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0251 | 99355 | NCCI | Standards of medical / surgical practice |
| G0251 | 99355 | NCCI | Standard of medical/surigical practice |
| G0251 | 99356 | NCCI | Standards of medical / surgical practice |
| G0251 | 99356 | NCCI | Standard of medical/surigical practice |
| G0251 | 99357 | NCCI | Standards of medical / surgical practice |
| G0251 | 99357 | NCCI | Standard of medical/surigical practice |
| G0251 | 99360 | NCCI | Standards of medical / surgical practice |
| G0251 | 99360 | NCCI | Standard of medical/surigical practice |
| G0251 | 99455 | NCCI | Standards of medical/surgical practice |
| G0251 | 99456 | NCCI | Standards of medical/surgical practice |
| G0251 | 99460 | NCCI | Standards of medical/surgical practice |
| G0251 | 99461 | NCCI | Standards of medical/surgical practice |
| G0251 | 99462 | NCCI | Standards of medical/surgical practice |
| G0251 | 99463 | NCCI | Standards of medical/surgical practice |
| G0251 | 99464 | NCCI | Standards of medical/surgical practice |
| G0251 | 99465 | NCCI | Standards of medical/surgical practice |
| G0251 | 99466 | NCCI | Standards of medical/surgical practice |
| G0251 | 99467 | NCCI | Standards of medical/surgical practice |
| G0251 | 99468 | NCCI | Standards of medical/surgical practice |
| G0251 | 99469 | NCCI | Standards of medical/surgical practice |
| G0251 | 99471 | NCCI | Standards of medical/surgical practice |
| G0251 | 99472 | NCCI | Standards of medical/surgical practice |
| G0251 | 99475 | NCCI | Standards of medical/surgical practice |
| G0251 | 99476 | NCCI | Standards of medical/surgical practice |
| G0251 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0251 | 99478 | NCCI | Standards of medical/surgical practice |
| G0251 | 99479 | NCCI | Standards of medical/surgical practice |
| G0251 | 99480 | NCCI | Standards of medical/surgical practice |
| G0251 | G0251 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0252 | G0252 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0257 | 36147 | NCCI | Standards of medical / surgical practice |
| G0257 | 96360 | NCCI | Standards of medical/surgical practice |
| G0257 | 96365 | NCCI | Standards of medical/surgical practice |
| G0257 | 96376 | NCCI | Misuse of column 2 code with column 1 code |
| G0257 | G0257 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0259 | 27096 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 37202 | NCCI | Misuse of Column 2 code with Column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 184 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0259 | 62318 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 62319 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 64415 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 64417 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 64450 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0259 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0259 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0259 | 77002 | NCCI | HCPCS/CPT coding manual instruction/guideline |
| G0259 | 96360 | NCCI | Standards of medical/surgical practice |
| G0259 | 96365 | NCCI | Standards of medical/surgical practice |
| G0259 | 96372 | NCCI | Anesthesia service included in surgical procedure |
| G0259 | 96374 | NCCI | Anesthesia service included in surgical procedure |
| G0259 | 96375 | NCCI | Anesthesia service included in surgical procedure |
| G0259 | 96376 | NCCI | Anesthesia service included in surgical procedure |
| G0259 | G0260 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| G0260 | 62310 | NCCI | Standards of medical / surgical practice |
| G0260 | 62311 | NCCI | Standards of medical / surgical practice |
| G0260 | 62318 | NCCI | Misuse of column two code with column one code |
| G0260 | 62319 | NCCI | Misuse of column two code with column one code |
| G0260 | 64400 | NCCI | Standards of medical / surgical practice |
| G0260 | 64402 | NCCI | Standards of medical / surgical practice |
| G0260 | 64405 | NCCI | Standards of medical / surgical practice |
| G0260 | 64408 | NCCI | Standards of medical / surgical practice |
| G0260 | 64410 | NCCI | Standards of medical / surgical practice |
| G0260 | 64412 | NCCI | Standards of medical / surgical practice |
| G0260 | 64413 | NCCI | Standards of medical / surgical practice |
| G0260 | 64415 | NCCI | Misuse of column two code with column one code |
| G0260 | 64416 | NCCI | Misuse of column two code with column one code |
| G0260 | 64417 | NCCI | Misuse of column two code with column one code |
| G0260 | 64418 | NCCI | Standards of medical / surgical practice |
| G0260 | 64420 | NCCI | Standards of medical / surgical practice |
| G0260 | 64421 | NCCI | Standards of medical / surgical practice |
| G0260 | 64425 | NCCI | Standards of medical / surgical practice |
| G0260 | 64430 | NCCI | Standards of medical / surgical practice |
| G0260 | 64435 | NCCI | Standards of medical / surgical practice |
| G0260 | 64445 | NCCI | Standards of medical / surgical practice |
| G0260 | 64446 | NCCI | Standards of medical / surgical practice |
| G0260 | 64447 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 185 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0260 | 64448 | NCCI | Standards of medical / surgical practice |
| G0260 | 64449 | NCCI | Standards of medical / surgical practice |
| G0260 | 64450 | NCCI | Misuse of column two code with column one code |
| G0260 | 64479 | NCCI | Standards of medical / surgical practice |
| G0260 | 64483 | NCCI | Standards of medical / surgical practice |
| G0260 | 64505 | NCCI | Standards of medical / surgical practice |
| G0260 | 64508 | NCCI | Standards of medical / surgical practice |
| G0260 | 64510 | NCCI | Standards of medical / surgical practice |
| G0260 | 64517 | NCCI | Standards of medical / surgical practice |
| G0260 | 64520 | NCCI | Standards of medical / surgical practice |
| G0260 | 64530 | NCCI | Standards of medical / surgical practice |
| G0265 | G0265 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0266 | G0266 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0267 | G0267 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0268 | 37202 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 51701 | NCCI | Standards of medical/surgical practice |
| G0268 | 51702 | NCCI | Standards of medical/surgical practice |
| G0268 | 51703 | NCCI | Standards of medical/surgical practice |
| G0268 | 62318 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 62319 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 64415 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 64417 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 64450 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0268 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0268 | 69990 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 92504 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0268 | 96360 | NCCI | Standards of medical/surgical practice |
| G0268 | 96365 | NCCI | Standards of medical/surgical practice |
| G0268 | 96372 | NCCI | Standards of medical/surgical practice |
| G0268 | 96374 | NCCI | Standards of medical/surgical practice |
| G0268 | 96375 | NCCI | Standards of medical/surgical practice |
| G0268 | 96376 | NCCI | Standards of medical / surgical practice |
| G0268 | 99148 | NCCI | Misuse of column two code with column one code |
| G0268 | 99149 | NCCI | Misuse of column two code with column one code |
| G0268 | 99150 | NCCI | Misuse of column two code with column one code |
| G0268 | G0268 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 186 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0270 | G0270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0270 | G0271 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| G0271 | G0271 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0275 | 36140 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 36200 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 36245 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 36246 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 36247 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 75625 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 75630 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 76942 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0275 | 77002 | NCCI | Misuse of column 2 code with column 1 code |
| G0275 | G0275 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0278 | 36140 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 36200 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 36245 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 36246 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 36247 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 75625 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 75630 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 75710 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 75716 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 76942 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0278 | 77002 | NCCI | Misuse of column 2 code with column 1 code |
| G0278 | G0278 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0281 | 64550 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0281 | 97002 | NCCI | Standards of medical / surgical practice |
| G0281 | 97004 | NCCI | Standards of medical / surgical practice |
| G0281 | 97032 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0281 | G0281 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0281 | G0283 | NCCI | Mutually exclusive procedures |
| G0282 | G0282 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0283 | 97002 | NCCI | Standards of medical / surgical practice |
| G0283 | 97004 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 187 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale | |
|-----------------------|-------------------|--------|--|--|
| G0283 | 97032 | NCCI | Misuse of Column 2 code with Column 1 code | |
| G0283 | G0283 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. | |
| G0288 | 76376 | NCCI | Standards of medical/surgical practice | |
| G0288 | 76377 | NCCI | Standards of medical/surgical practice | |
| G0288 | G0288 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. | |
| G0290 | 01924 | NCCI | Anesthesia included in surgical procedures | |
| G0290 | 01925 | NCCI | Anesthesia included in surgical procedures | |
| G0290 | 01926 | NCCI | Anesthesia included in surgical procedures | |
| G0290 | 34812 | NCCI | Misuse of Column 2 code with Column 1 code | |
| G0290 | 35201 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 35206 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 35226 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 35261 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 35266 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 35286 | BCBST | Edited code not allowed when used to report vessel repair required in the course of performing the definitive procedure. | |
| G0290 | 36000 | BCBST | Edited code not allowed if used to report incidental needle introduction at the time of the listed procedure. Similar listed codes with edit disallowed according to NCCI Standards of medical / surgical practice. | |
| G0290 | 36120 | BCBST | Edited code not allowed when used to report placement of catheter included as part of the definitive procedure. | |
| G0290 | 36140 | BCBST | Edited code not allowed when used to report introduction of needle or intracatheter required to perform the definitive procedure. | |
| G0290 | 36200 | BCBST | Edited code not allowed when used to report placement of catheter included as part of the definitive procedure. | |
| G0290 | 36600 | BCBST | Edited code not allowed if used to report incidental arterial puncture at the time of the listed procedure. | |
| G0290 | 36620 | BCBST | Edited code not allowed if used to report incidental arterial catheterization at the time of the listed procedure. | |
| G0290 | 36625 | BCBST | Edited code not allowed if used to report incidental arterial catheterization at the time of the listed procedure. | |
| G0290 | 36640 | BCBST | Edited code not allowed if used to report catheterization included in the listed procedure. | |
| G0290 | 37202 | BCBST | The edited code is a component of the listed code if used to report minor anesthesia or infusion services provided as part of the listed procedure or according to surgical package instructions. Similar listed codes with edit disallowed according to NCCI Misuse of Column 2 code with Column 1 code policy, which indicates that a provider should not report a CPT code out of the context for which it was intended. Note, however, that it may be appropriate to reimburse this procedure if it is performed for indicated purposes separately from the comprehensive procedure. | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 188 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0290 | 76000 | CPT | Edited code not allowed when used to report fluoroscopy required to perform the definitive procedure. |
| G0290 | 76001 | CPT | Edited code not allowed when used to report fluoroscopy required to perform the definitive procedure. |
| G0290 | 92975 | BCBST | Clinically unlikely code combination or component. Review before reimbursing the edited code. |
| G0290 | 92980 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| G0290 | 92982 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| G0290 | 92995 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| G0290 | 93040 | BCBST | Edited code not allowed if used to report ECG monitoring in the course of performing the listed procedure. |
| G0290 | 93041 | BCBST | Edited code not allowed if used to report ECG monitoring in the course of performing the listed procedure. |
| G0290 | 93042 | BCBST | Edited code not allowed if used to report ECG monitoring in the course of performing the listed procedure. |
| G0290 | 96360 | NCCI | Standards of medical/surgical practice |
| G0290 | 96365 | NCCI | Standards of medical/surgical practice |
| G0290 | G0290 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0291 | 01924 | NCCI | Anesthesia included in surgical procedures |
| G0291 | 01925 | NCCI | Anesthesia included in surgical procedures |
| G0291 | 01926 | NCCI | Anesthesia included in surgical procedures |
| G0291 | 34812 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0291 | 35206 | NCCI | Standards of medical / surgical practice |
| G0291 | 35226 | NCCI | Standards of medical / surgical practice |
| G0291 | 36120 | NCCI | Standards of medical / surgical practice |
| G0291 | 36140 | NCCI | Standards of medical / surgical practice |
| G0291 | 36200 | NCCI | Standards of medical / surgical practice |
| G0291 | 36600 | NCCI | Standards of medical / surgical practice |
| G0291 | 36620 | NCCI | Standards of medical / surgical practice |
| G0291 | 36625 | NCCI | Standards of medical / surgical practice |
| G0291 | 37202 | NCCI | Standards of medical / surgical practice |
| G0291 | 92975 | NCCI | HCPCS/CPT procedure code definition |
| G0291 | 92980 | NCCI | HCPCS/CPT procedure code definition |
| G0291 | 92982 | NCCI | HCPCS/CPT procedure code definition |
| G0291 | 92995 | NCCI | HCPCS/CPT procedure code definition |
| G0291 | 93040 | NCCI | Standards of medical / surgical practice |
| G0291 | 93041 | NCCI | Standards of medical / surgical practice |
| G0291 | 93042 | NCCI | Standards of medical / surgical practice |
| G0291 | 93555 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 189 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0291 | 93556 | NCCI | Standards of medical / surgical practice |
| G0291 | 96360 | NCCI | Standards of medical/surgical practice |
| G0291 | 96365 | NCCI | Standards of medical/surgical practice |
| G0293 | G0293 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0294 | G0294 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0295 | G0295 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G0302 | 99304 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99305 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99306 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99307 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99308 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99309 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99310 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99318 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99324 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99325 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99326 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99327 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99328 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99334 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99335 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99336 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99337 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99466 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99468 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99469 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99471 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99472 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99475 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99476 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99477 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99478 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99479 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | 99480 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | G0303 | NCCI | Most extensive procedure |
| G0302 | G0304 | NCCI | Most extensive procedure |
| G0302 | G0380 | NCCI | HCPCS/CPT procedure code definition |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 190 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|-------------------------------------|
| G0302 | G0381 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | G0382 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | G0383 | NCCI | HCPCS/CPT procedure code definition |
| G0302 | G0384 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99304 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99305 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99306 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99307 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99308 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99309 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99310 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99318 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99324 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99325 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99326 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99327 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99328 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99334 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99335 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99336 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99337 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99466 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99468 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99469 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99471 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99472 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99475 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99476 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99477 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99478 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99479 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | 99480 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | G0304 | NCCI | Most extensive procedure |
| G0303 | G0380 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | G0381 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | G0382 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | G0383 | NCCI | HCPCS/CPT procedure code definition |
| G0303 | G0384 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99304 | NCCI | HCPCS/CPT procedure code definition |

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Source: PNC-CARR Page 191 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|-------------------------------------|
| G0304 | 99305 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99306 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99307 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99308 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99309 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99310 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99318 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99324 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99325 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99326 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99327 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99328 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99334 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99335 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99336 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99337 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99466 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99468 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99469 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99471 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99472 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99475 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99476 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99477 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99478 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99479 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | 99480 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | G0380 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | G0381 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | G0382 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | G0383 | NCCI | HCPCS/CPT procedure code definition |
| G0304 | G0384 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99304 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99305 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99306 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99307 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99308 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99309 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99310 | NCCI | HCPCS/CPT procedure code definition |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 192 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0305 | 99318 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99324 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99325 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99326 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99327 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99328 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99334 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99335 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99336 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99337 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99466 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99468 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99469 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99471 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99472 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99475 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99476 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99477 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99478 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99479 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | 99480 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | G0380 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | G0381 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | G0382 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | G0383 | NCCI | HCPCS/CPT procedure code definition |
| G0305 | G0384 | NCCI | HCPCS/CPT procedure code definition |
| G0328 | 82272 | NCCI | Most extensive procedure |
| G0337 | 90804 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90805 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90810 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90816 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90817 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90823 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90849 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90853 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90857 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 90862 | NCCI | Standards of medical / surgical practice |
| G0337 | 92002 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 92012 | NCCI | Misuse of Column 2 code with Column 1 code |

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Source: PNC-CARR Page 193 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0337 | 95831 | NCCI | Standards of medical / surgical practice |
| G0337 | 95832 | NCCI | Standards of medical / surgical practice |
| G0337 | 95833 | NCCI | Standards of medical / surgical practice |
| G0337 | 95834 | NCCI | Standards of medical / surgical practice |
| G0337 | 95851 | NCCI | Standards of medical / surgical practice |
| G0337 | 95852 | NCCI | Standards of medical / surgical practice |
| G0337 | 96116 | NCCI | HCPCS/CPT coding manual instruction/guideline |
| G0337 | 96150 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0337 | 96151 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0337 | 96152 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0337 | 96153 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0337 | 96154 | NCCI | HCPCS/CPT coding manual instruction / guideline |
| G0337 | 97802 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 97803 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 97804 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | 99201 | NCCI | Mutually exclusive procedures |
| G0337 | 99202 | NCCI | Mutually exclusive procedures |
| G0337 | 99211 | NCCI | Mutually exclusive procedures |
| G0337 | 99212 | NCCI | Mutually exclusive procedures |
| G0337 | 99213 | NCCI | Mutually exclusive procedures |
| G0337 | G0101 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0102 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0117 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0118 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0245 | NCCI | Standards of medical / surgical practice |
| G0337 | G0246 | NCCI | Standards of medical / surgical practice |
| G0337 | G0250 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0270 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0271 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | G0410 | NCCI | Misuse of column 2 code with column 1 code |
| G0337 | G0411 | NCCI | Misuse of column 2 code with column 1 code |
| G0337 | M0064 | NCCI | Standards of medical / surgical practice |
| G0337 | P3000 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | P3001 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0337 | Q0091 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0339 | 11920 | NCCI | Standards of medical/surgical practice |
| G0339 | 11921 | NCCI | Standards of medical/surgical practice |
| G0339 | 16000 | NCCI | Standards of medical/surgical practice |
| G0339 | 16020 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 194 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0339 | 16025 | NCCI | Standards of medical/surgical practice |
| G0339 | 16030 | NCCI | Standards of medical/surgical practice |
| G0339 | 36000 | NCCI | Standards of medical/surgical practice |
| G0339 | 36410 | NCCI | Standards of medical/surgical practice |
| G0339 | 90804 | NCCI | Standards of medical/surgical practice |
| G0339 | 90805 | NCCI | Standards of medical/surgical practice |
| G0339 | 90806 | NCCI | Standards of medical/surgical practice |
| G0339 | 90807 | NCCI | Standards of medical/surgical practice |
| G0339 | 90808 | NCCI | Standards of medical/surgical practice |
| G0339 | 90809 | NCCI | Standards of medical/surgical practice |
| G0339 | 90810 | NCCI | Standards of medical/surgical practice |
| G0339 | 90811 | NCCI | Standards of medical/surgical practice |
| G0339 | 90812 | NCCI | Standards of medical/surgical practice |
| G0339 | 90813 | NCCI | Standards of medical/surgical practice |
| G0339 | 90814 | NCCI | Standards of medical/surgical practice |
| G0339 | 90815 | NCCI | Standards of medical/surgical practice |
| G0339 | 90816 | NCCI | Standards of medical/surgical practice |
| G0339 | 90817 | NCCI | Standards of medical/surgical practice |
| G0339 | 90818 | NCCI | Standards of medical/surgical practice |
| G0339 | 90819 | NCCI | Standards of medical/surgical practice |
| G0339 | 90821 | NCCI | Standards of medical/surgical practice |
| G0339 | 90822 | NCCI | Standards of medical/surgical practice |
| G0339 | 90847 | NCCI | Standards of medical/surgical practice |
| G0339 | 96360 | NCCI | Standards of medical/surgical practice |
| G0339 | 96361 | NCCI | Standards of medical/surgical practice |
| G0339 | 96365 | NCCI | Standards of medical/surgical practice |
| G0339 | 96366 | NCCI | Standards of medical/surgical practice |
| G0339 | 96367 | NCCI | Standards of medical/surgical practice |
| G0339 | 96368 | NCCI | Standards of medical/surgical practice |
| G0339 | 99143 | NCCI | Standards of medical/surgical practice |
| G0339 | 99144 | NCCI | Primary procedure per NCCI; see rationale for primary code editing |
| G0339 | 99145 | NCCI | Standards of medical / surgical practice |
| G0339 | 99234 | NCCI | Standards of medical/surgical practice |
| G0339 | 99235 | NCCI | Standards of medical/surgical practice |
| G0339 | 99236 | NCCI | Standards of medical/surgical practice |
| G0339 | 99344 | NCCI | Standards of medical/surgical practice |
| G0339 | 99345 | NCCI | Standards of medical/surgical practice |
| G0339 | 99350 | NCCI | Standards of medical/surgical practice |
| G0339 | 99455 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 195 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0339 | 99456 | NCCI | Standards of medical/surgical practice |
| G0339 | 99460 | NCCI | Standards of medical/surgical practice |
| G0339 | 99461 | NCCI | Standards of medical/surgical practice |
| G0339 | 99462 | NCCI | Standards of medical/surgical practice |
| G0339 | 99463 | NCCI | Standards of medical/surgical practice |
| G0339 | 99464 | NCCI | Standards of medical/surgical practice |
| G0339 | 99465 | NCCI | Standards of medical/surgical practice |
| G0339 | 99466 | NCCI | Standards of medical/surgical practice |
| G0339 | 99467 | NCCI | Standards of medical/surgical practice |
| G0339 | 99468 | NCCI | Standards of medical/surgical practice |
| G0339 | 99469 | NCCI | Standards of medical/surgical practice |
| G0339 | 99471 | NCCI | Standards of medical/surgical practice |
| G0339 | 99472 | NCCI | Standards of medical/surgical practice |
| G0339 | 99475 | NCCI | Standards of medical/surgical practice |
| G0339 | 99476 | NCCI | Standards of medical/surgical practice |
| G0339 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| G0339 | 99478 | NCCI | Standards of medical/surgical practice |
| G0339 | 99479 | NCCI | Standards of medical/surgical practice |
| G0339 | 99480 | NCCI | Standards of medical/surgical practice |
| G0339 | G0340 | NCCI | Mutually exclusive procedures |
| G0340 | 11920 | NCCI | Standards of medical/surgical practice |
| G0340 | 11921 | NCCI | Standards of medical/surgical practice |
| G0340 | 16000 | NCCI | Standards of medical/surgical practice |
| G0340 | 16020 | NCCI | Standards of medical/surgical practice |
| G0340 | 16025 | NCCI | Standards of medical/surgical practice |
| G0340 | 16030 | NCCI | Standards of medical/surgical practice |
| G0340 | 36000 | NCCI | Standards of medical/surgical practice |
| G0340 | 36410 | NCCI | Standards of medical/surgical practice |
| G0340 | 90804 | NCCI | Standards of medical/surgical practice |
| G0340 | 90805 | NCCI | Standards of medical/surgical practice |
| G0340 | 90806 | NCCI | Standards of medical/surgical practice |
| G0340 | 90807 | NCCI | Standards of medical/surgical practice |
| G0340 | 90808 | NCCI | Standards of medical/surgical practice |
| G0340 | 90809 | NCCI | Standards of medical/surgical practice |
| G0340 | 90810 | NCCI | Standards of medical/surgical practice |
| G0340 | 90811 | NCCI | Standards of medical/surgical practice |
| G0340 | 90812 | NCCI | Standards of medical/surgical practice |
| G0340 | 90813 | NCCI | Standards of medical/surgical practice |
| G0340 | 90814 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 196 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0340 | 90815 | NCCI | Standards of medical/surgical practice |
| G0340 | 90816 | NCCI | Standards of medical/surgical practice |
| G0340 | 90817 | NCCI | Standards of medical/surgical practice |
| G0340 | 90818 | NCCI | Standards of medical/surgical practice |
| G0340 | 90819 | NCCI | Standards of medical/surgical practice |
| G0340 | 90821 | NCCI | Standards of medical/surgical practice |
| G0340 | 90822 | NCCI | Standards of medical/surgical practice |
| G0340 | 90847 | NCCI | Standards of medical/surgical practice |
| G0340 | 96360 | NCCI | Standards of medical/surgical practice |
| G0340 | 96361 | NCCI | Standards of medical/surgical practice |
| G0340 | 96365 | NCCI | Standards of medical/surgical practice |
| G0340 | 96366 | NCCI | Standards of medical/surgical practice |
| G0340 | 96367 | NCCI | Standards of medical/surgical practice |
| G0340 | 96368 | NCCI | Standards of medical/surgical practice |
| G0340 | 99143 | NCCI | Standards of medical/surgical practice |
| G0340 | 99144 | NCCI | Primary procedure per NCCI; see rationale for primary code editing |
| G0340 | 99145 | NCCI | Standards of medical / surgical practice |
| G0340 | 99234 | NCCI | Standards of medical/surgical practice |
| G0340 | 99235 | NCCI | Standards of medical/surgical practice |
| G0340 | 99236 | NCCI | Standards of medical/surgical practice |
| G0340 | 99344 | NCCI | Standards of medical/surgical practice |
| G0340 | 99345 | NCCI | Standards of medical/surgical practice |
| G0340 | 99350 | NCCI | Standards of medical/surgical practice |
| G0340 | 99455 | NCCI | Standards of medical/surgical practice |
| G0340 | 99456 | NCCI | Standards of medical/surgical practice |
| G0340 | 99460 | NCCI | Standards of medical/surgical practice |
| G0340 | 99461 | NCCI | Standards of medical/surgical practice |
| G0340 | 99462 | NCCI | Standards of medical/surgical practice |
| G0340 | 99463 | NCCI | Standards of medical/surgical practice |
| G0340 | 99464 | NCCI | Standards of medical/surgical practice |
| G0340 | 99465 | NCCI | Standards of medical/surgical practice |
| G0340 | 99466 | NCCI | Standards of medical/surgical practice |
| G0340 | 99467 | NCCI | Standards of medical/surgical practice |
| G0340 | 99468 | NCCI | Standards of medical/surgical practice |
| G0340 | 99469 | NCCI | Standards of medical/surgical practice |
| G0340 | 99471 | NCCI | Standards of medical/surgical practice |
| G0340 | 99472 | NCCI | Standards of medical/surgical practice |
| G0340 | 99475 | NCCI | Standards of medical/surgical practice |
| G0340 | 99476 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 197 of 643

| Comprehensive Code | Component Code | Sauraa | Detionals |
|-----------------------|-------------------|----------------|--|
| G0340 | 99477 | Source NCCI | Rationale Standard preparation/monitoring services for anesthesia |
| G0340 | 99478 | NCCI | Standards of medical/surgical practice |
| G0340 | 99479 | NCCI | Standards of medical/surgical practice |
| G0340 | 99480 | NCCI | Standards of medical/surgical practice Standards of medical/surgical practice |
| G0341 | 36400 | NCCI | Standards of medical/surgical practice Standards of medical/surgical practice |
| G0341 | 36405 | NCCI | Standards of medical/surgical practice Standards of medical/surgical practice |
| G0341 | 36406 | NCCI | Standards of medical/surgical practice |
| G0341 | 36420 | NCCI | Standards of medical/surgical practice |
| G0341 | 36425 | NCCI | Standards of medical/surgical practice |
| G0341 | 36430 | NCCI | Standards of medical/surgical practice |
| G0341 | 36440 | NCCI | Standards of medical/surgical practice |
| G0341 | 36600 | NCCI | Standards of medical/surgical practice |
| G0341 | 36640 | NCCI | Standards of medical/surgical practice |
| G0341 | 43752 | NCCI | Standards of medical/surgical practice |
| G0341 | 51701 | NCCI | Standards of medical/surgical practice |
| G0341 | 51702 | NCCI | Standards of medical/surgical practice |
| G0341 | 51703 | NCCI | Standards of medical/surgical practice |
| G0341 | 62310 | NCCI | Standards of medical/surgical practice |
| G0341 | 62311 | NCCI | Standards of medical/surgical practice |
| G0341 | 64400 | NCCI | Standards of medical/surgical practice |
| G0341 | 64402 | NCCI | Standards of medical/surgical practice |
| G0341 | 64405 | NCCI | Standards of medical/surgical practice |
| G0341 | 64408 | NCCI | Standards of medical/surgical practice |
| G0341 | 64410 | NCCI | Standards of medical/surgical practice |
| G0341 | 64412 | NCCI | Standards of medical/surgical practice |
| G0341 | 64413 | NCCI | Standards of medical/surgical practice |
| G0341 | 64418 | NCCI | Standards of medical/surgical practice |
| G0341 | 64420 | NCCI | Standards of medical/surgical practice |
| G0341 | 64421 | NCCI | Standards of medical/surgical practice |
| G0341 | 64425 | NCCI | Standards of medical/surgical practice |
| G0341 | 64430 | NCCI | Standards of medical/surgical practice |
| G0341 | 64435 | NCCI | Standards of medical/surgical practice |
| G0341 | 64445 | NCCI | Standards of medical/surgical practice |
| G0341 | 64446 | NCCI | Standards of medical/surgical practice |
| G0341 | 64447 | NCCI | Standards of medical/surgical practice |
| G0341 | 64448 | NCCI | Standards of medical/surgical practice |
| G0341 | 64449 | NCCI | Standards of medical/surgical practice |
| G0341 | 64479 | NCCI | Standards of medical/surgical practice |
| G0341 | 64483 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 198 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0341 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0341 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0341 | 64505 | NCCI | Standards of medical/surgical practice |
| G0341 | 64508 | NCCI | Standards of medical/surgical practice |
| G0341 | 64510 | NCCI | Standards of medical/surgical practice |
| G0341 | 64517 | NCCI | Standards of medical/surgical practice |
| G0341 | 64520 | NCCI | Standards of medical/surgical practice |
| G0341 | 64530 | NCCI | Standards of medical/surgical practice |
| G0341 | 76001 | NCCI | Misuse of column two code with column one code |
| G0341 | 76998 | NCCI | Misuse of column 2 code with column 1 code |
| G0341 | 77002 | NCCI | Misuse of column 2 code with column 1 code |
| G0341 | 93000 | NCCI | Standards of medical/surgical practice |
| G0341 | 93005 | NCCI | Standards of medical/surgical practice |
| G0341 | 93010 | NCCI | Standards of medical/surgical practice |
| G0341 | 93040 | NCCI | Standards of medical/surgical practice |
| G0341 | 93041 | NCCI | Standards of medical/surgical practice |
| G0341 | 93042 | NCCI | Standards of medical/surgical practice |
| G0341 | 93318 | NCCI | Standards of medical/surgical practice |
| G0341 | 94002 | NCCI | Standards of medical/surgical practice |
| G0341 | 94200 | NCCI | Standards of medical/surgical practice |
| G0341 | 94250 | NCCI | Standards of medical/surgical practice |
| G0341 | 94680 | NCCI | Standards of medical/surgical practice |
| G0341 | 94681 | NCCI | Standards of medical/surgical practice |
| G0341 | 94690 | NCCI | Standards of medical/surgical practice |
| G0341 | 94770 | NCCI | Standards of medical/surgical practice |
| G0341 | 95812 | NCCI | Standards of medical/surgical practice |
| G0341 | 95813 | NCCI | Standards of medical/surgical practice |
| G0341 | 95816 | NCCI | Standards of medical/surgical practice |
| G0341 | 95819 | NCCI | Standards of medical/surgical practice |
| G0341 | 95822 | NCCI | Standards of medical/surgical practice |
| G0341 | 95829 | NCCI | Standards of medical/surgical practice |
| G0341 | 95955 | NCCI | Standards of medical/surgical practice |
| G0341 | 96360 | NCCI | Standards of medical/surgical practice |
| G0341 | 96365 | NCCI | Standards of medical/surgical practice |
| G0341 | 96372 | NCCI | Standards of medical/surgical practice |
| G0341 | 96374 | NCCI | Standards of medical/surgical practice |
| G0341 | 96375 | NCCI | Standards of medical/surgical practice |
| G0341 | 96376 | NCCI | Standards of medical/surgical practice |
| G0341 | 99148 | NCCI | Misuse of column two code with column one code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 199 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0341 | 99149 | NCCI | Misuse of column two code with column one code |
| G0341 | 99150 | NCCI | Misuse of column two code with column one code |
| G0342 | 36400 | NCCI | Standards of medical/surgical practice |
| G0342 | 36405 | NCCI | Standards of medical/surgical practice |
| G0342 | 36406 | NCCI | Standards of medical/surgical practice |
| G0342 | 36420 | NCCI | Standards of medical/surgical practice |
| G0342 | 36425 | NCCI | Standards of medical/surgical practice |
| G0342 | 36430 | NCCI | Standards of medical/surgical practice |
| G0342 | 36440 | NCCI | Standards of medical/surgical practice |
| G0342 | 36600 | NCCI | Standards of medical/surgical practice |
| G0342 | 36640 | NCCI | Standards of medical/surgical practice |
| G0342 | 44180 | NCCI | HCPCS/CPT separate procedure definition |
| G0342 | 51701 | NCCI | Standards of medical/surgical practice |
| G0342 | 51702 | NCCI | Standards of medical/surgical practice |
| G0342 | 51703 | NCCI | Standards of medical/surgical practice |
| G0342 | 62310 | NCCI | Standards of medical/surgical practice |
| G0342 | 62311 | NCCI | Standards of medical/surgical practice |
| G0342 | 64400 | NCCI | Standards of medical/surgical practice |
| G0342 | 64402 | NCCI | Standards of medical/surgical practice |
| G0342 | 64405 | NCCI | Standards of medical/surgical practice |
| G0342 | 64408 | NCCI | Standards of medical/surgical practice |
| G0342 | 64410 | NCCI | Standards of medical/surgical practice |
| G0342 | 64412 | NCCI | Standards of medical/surgical practice |
| G0342 | 64413 | NCCI | Standards of medical/surgical practice |
| G0342 | 64418 | NCCI | Standards of medical/surgical practice |
| G0342 | 64420 | NCCI | Standards of medical/surgical practice |
| G0342 | 64421 | NCCI | Standards of medical/surgical practice |
| G0342 | 64425 | NCCI | Standards of medical/surgical practice |
| G0342 | 64430 | NCCI | Standards of medical/surgical practice |
| G0342 | 64435 | NCCI | Standards of medical/surgical practice |
| G0342 | 64445 | NCCI | Standards of medical/surgical practice |
| G0342 | 64446 | NCCI | Standards of medical/surgical practice |
| G0342 | 64447 | NCCI | Standards of medical/surgical practice |
| G0342 | 64448 | NCCI | Standards of medical/surgical practice |
| G0342 | 64449 | NCCI | Standards of medical/surgical practice |
| G0342 | 64479 | NCCI | Standards of medical/surgical practice |
| G0342 | 64483 | NCCI | Standards of medical/surgical practice |
| G0342 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0342 | 64493 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 200 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0342 | 64505 | NCCI | Standards of medical/surgical practice |
| G0342 | 64508 | NCCI | Standards of medical/surgical practice |
| G0342 | 64510 | NCCI | Standards of medical/surgical practice |
| G0342 | 64517 | NCCI | Standards of medical/surgical practice |
| G0342 | 64520 | NCCI | Standards of medical/surgical practice |
| G0342 | 64530 | NCCI | Standards of medical/surgical practice |
| G0342 | 76001 | NCCI | Misuse of column two code with column one code |
| G0342 | 76998 | NCCI | Misuse of column 2 code with column 1 code |
| G0342 | 77002 | NCCI | Misuse of column 2 code with column 1 code |
| G0342 | 93000 | NCCI | Standards of medical/surgical practice |
| G0342 | 93005 | NCCI | Standards of medical/surgical practice |
| G0342 | 93010 | NCCI | Standards of medical/surgical practice |
| G0342 | 93040 | NCCI | Standards of medical/surgical practice |
| G0342 | 93041 | NCCI | Standards of medical/surgical practice |
| G0342 | 93042 | NCCI | Standards of medical/surgical practice |
| G0342 | 93318 | NCCI | Standards of medical/surgical practice |
| G0342 | 94002 | NCCI | Standards of medical/surgical practice |
| G0342 | 94200 | NCCI | Standards of medical/surgical practice |
| G0342 | 94250 | NCCI | Standards of medical/surgical practice |
| G0342 | 94680 | NCCI | Standards of medical/surgical practice |
| G0342 | 94681 | NCCI | Standards of medical/surgical practice |
| G0342 | 94690 | NCCI | Standards of medical/surgical practice |
| G0342 | 94770 | NCCI | Standards of medical/surgical practice |
| G0342 | 95812 | NCCI | Standards of medical/surgical practice |
| G0342 | 95813 | NCCI | Standards of medical/surgical practice |
| G0342 | 95816 | NCCI | Standards of medical/surgical practice |
| G0342 | 95819 | NCCI | Standards of medical/surgical practice |
| G0342 | 95822 | NCCI | Standards of medical/surgical practice |
| G0342 | 95829 | NCCI | Standards of medical/surgical practice |
| G0342 | 95955 | NCCI | Standards of medical/surgical practice |
| G0342 | 96360 | NCCI | Standards of medical/surgical practice |
| G0342 | 96365 | NCCI | Standards of medical/surgical practice |
| G0342 | 96372 | NCCI | Standards of medical/surgical practice |
| G0342 | 96374 | NCCI | Standards of medical/surgical practice |
| G0342 | 96375 | NCCI | Standards of medical/surgical practice |
| G0342 | 96376 | NCCI | Standards of medical/surgical practice |
| G0342 | 99148 | NCCI | Misuse of column two code with column one code |
| G0342 | 99149 | NCCI | Misuse of column two code with column one code |
| G0342 | 99150 | NCCI | Misuse of column two code with column one code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 201 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| G0343 | 36400 | NCCI | Standards of medical/surgical practice |
| G0343 | 36405 | NCCI | Standards of medical/surgical practice |
| G0343 | 36406 | NCCI | Standards of medical/surgical practice |
| G0343 | 36420 | NCCI | Standards of medical/surgical practice |
| G0343 | 36425 | NCCI | Standards of medical/surgical practice |
| G0343 | 36430 | NCCI | Standards of medical/surgical practice |
| G0343 | 36440 | NCCI | Standards of medical/surgical practice |
| G0343 | 36600 | NCCI | Standards of medical/surgical practice |
| G0343 | 36640 | NCCI | Standards of medical/surgical practice |
| G0343 | 44180 | NCCI | HCPCS/CPT separate procedure definition |
| G0343 | 51701 | NCCI | Standards of medical/surgical practice |
| G0343 | 51702 | NCCI | Standards of medical/surgical practice |
| G0343 | 51703 | NCCI | Standards of medical/surgical practice |
| G0343 | 62310 | NCCI | Standards of medical/surgical practice |
| G0343 | 62311 | NCCI | Standards of medical/surgical practice |
| G0343 | 64400 | NCCI | Standards of medical/surgical practice |
| G0343 | 64402 | NCCI | Standards of medical/surgical practice |
| G0343 | 64405 | NCCI | Standards of medical/surgical practice |
| G0343 | 64408 | NCCI | Standards of medical/surgical practice |
| G0343 | 64410 | NCCI | Standards of medical/surgical practice |
| G0343 | 64412 | NCCI | Standards of medical/surgical practice |
| G0343 | 64413 | NCCI | Standards of medical/surgical practice |
| G0343 | 64418 | NCCI | Standards of medical/surgical practice |
| G0343 | 64420 | NCCI | Standards of medical/surgical practice |
| G0343 | 64421 | NCCI | Standards of medical/surgical practice |
| G0343 | 64425 | NCCI | Standards of medical/surgical practice |
| G0343 | 64430 | NCCI | Standards of medical/surgical practice |
| G0343 | 64435 | NCCI | Standards of medical/surgical practice |
| G0343 | 64445 | NCCI | Standards of medical/surgical practice |
| G0343 | 64446 | NCCI | Standards of medical/surgical practice |
| G0343 | 64447 | NCCI | Standards of medical/surgical practice |
| G0343 | 64448 | NCCI | Standards of medical/surgical practice |
| G0343 | 64449 | NCCI | Standards of medical/surgical practice |
| G0343 | 64479 | NCCI | Standards of medical/surgical practice |
| G0343 | 64483 | NCCI | Standards of medical/surgical practice |
| G0343 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0343 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0343 | 64505 | NCCI | Standards of medical/surgical practice |
| G0343 | 64508 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 202 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0343 | 64510 | NCCI | Standards of medical/surgical practice |
| G0343 | 64517 | NCCI | Standards of medical/surgical practice |
| G0343 | 64520 | NCCI | Standards of medical/surgical practice |
| G0343 | 64530 | NCCI | Standards of medical/surgical practice |
| G0343 | 76001 | NCCI | Misuse of column two code with column one code |
| G0343 | 76998 | NCCI | Misuse of column 2 code with column 1 code |
| G0343 | 77002 | NCCI | Misuse of column 2 code with column 1 code |
| G0343 | 93000 | NCCI | Standards of medical/surgical practice |
| G0343 | 93005 | NCCI | Standards of medical/surgical practice |
| G0343 | 93010 | NCCI | Standards of medical/surgical practice |
| G0343 | 93040 | NCCI | Standards of medical/surgical practice |
| G0343 | 93041 | NCCI | Standards of medical/surgical practice |
| G0343 | 93042 | NCCI | Standards of medical/surgical practice |
| G0343 | 93318 | NCCI | Standards of medical/surgical practice |
| G0343 | 94002 | NCCI | Standards of medical/surgical practice |
| G0343 | 94200 | NCCI | Standards of medical/surgical practice |
| G0343 | 94250 | NCCI | Standards of medical/surgical practice |
| G0343 | 94680 | NCCI | Standards of medical/surgical practice |
| G0343 | 94681 | NCCI | Standards of medical/surgical practice |
| G0343 | 94690 | NCCI | Standards of medical/surgical practice |
| G0343 | 94770 | NCCI | Standards of medical/surgical practice |
| G0343 | 95812 | NCCI | Standards of medical/surgical practice |
| G0343 | 95813 | NCCI | Standards of medical/surgical practice |
| G0343 | 95816 | NCCI | Standards of medical/surgical practice |
| G0343 | 95819 | NCCI | Standards of medical/surgical practice |
| G0343 | 95822 | NCCI | Standards of medical/surgical practice |
| G0343 | 95829 | NCCI | Standards of medical/surgical practice |
| G0343 | 95955 | NCCI | Standards of medical/surgical practice |
| G0343 | 96360 | NCCI | Standards of medical/surgical practice |
| G0343 | 96365 | NCCI | Standards of medical/surgical practice |
| G0343 | 96372 | NCCI | Standards of medical/surgical practice |
| G0343 | 96374 | NCCI | Standards of medical/surgical practice |
| G0343 | 96375 | NCCI | Standards of medical/surgical practice |
| G0343 | 96376 | NCCI | Standards of medical/surgical practice |
| G0343 | 99148 | NCCI | Misuse of column two code with column one code |
| G0343 | 99149 | NCCI | Misuse of column two code with column one code |
| G0343 | 99150 | NCCI | Misuse of column two code with column one code |
| G0364 | 01112 | NCCI | Anesthesia included in surgical procedures |
| G0364 | 01120 | NCCI | Anesthesia included in surgical procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 203 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0365 | 76970 | NCCI | Most extensive procedure |
| G0365 | 76998 | NCCI | Mutually exclusive |
| G0365 | 93922 | NCCI | Most extensive procedure |
| G0365 | 93931 | NCCI | Misuse of Column 2 code with Column 1 code |
| G0365 | 93965 | NCCI | Most extensive procedure |
| G0365 | 93971 | NCCI | Mutually exclusive procedures |
| G0380 | 43752 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 90862 | NCCI | Standards of medical/surgical practice |
| G0380 | 90940 | NCCI | Standards of medical/surgical practice |
| G0380 | 92002 | NCCI | More extensive procedure |
| G0380 | 92004 | NCCI | More extensive procedure |
| G0380 | 92012 | NCCI | More extensive procedure |
| G0380 | 92014 | NCCI | More extensive procedure |
| G0380 | 94002 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 94003 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 94004 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 94644 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 94660 | NCCI | Standards of medical/surgical practice |
| G0380 | 94662 | NCCI | Standards of medical/surgical practice |
| G0380 | 95831 | NCCI | Standards of medical/surgical practice |
| G0380 | 95832 | NCCI | Standards of medical/surgical practice |
| G0380 | 95833 | NCCI | Standards of medical/surgical practice |
| G0380 | 95834 | NCCI | Standards of medical/surgical practice |
| G0380 | 95851 | NCCI | Standards of medical/surgical practice |
| G0380 | 95852 | NCCI | Standards of medical/surgical practice |
| G0380 | 96020 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96116 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96150 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96151 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96152 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96153 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96154 | NCCI | CPT manual and CMS coding manual instructions |
| G0380 | 96401 | NCCI | Standards of medical/surgical practice |
| G0380 | 96402 | NCCI | Standards of medical/surgical practice |
| G0380 | 96405 | NCCI | Standards of medical/surgical practice |
| G0380 | 96406 | NCCI | Standards of medical/surgical practice |
| G0380 | 96409 | NCCI | Standards of medical/surgical practice |
| G0380 | 96413 | NCCI | Standards of medical/surgical practice |
| G0380 | 96416 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 204 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0380 | 96420 | NCCI | Standards of medical/surgical practice |
| G0380 | 96422 | NCCI | Standards of medical/surgical practice |
| G0380 | 96425 | NCCI | Standards of medical/surgical practice |
| G0380 | 96440 | NCCI | Standards of medical/surgical practice |
| G0380 | 96445 | NCCI | Standards of medical/surgical practice |
| G0380 | 96450 | NCCI | Standards of medical/surgical practice |
| G0380 | 96523 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 99239 | NCCI | Mutullay Exclusive |
| G0380 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | G0102 | NCCI | Standards of medical/surgical practice |
| G0380 | G0245 | NCCI | Standards of medical/surgical practice |
| G0380 | G0246 | NCCI | Standards of medical/surgical practice |
| G0380 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0380 | M0064 | NCCI | HCPCS/CPT procedure code definition |
| G0381 | 43752 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 90862 | NCCI | Standards of medical/surgical practice |
| G0381 | 90940 | NCCI | Standards of medical/surgical practice |
| G0381 | 92002 | NCCI | More extensive procedure |
| G0381 | 92004 | NCCI | More extensive procedure |
| G0381 | 92012 | NCCI | More extensive procedure |
| G0381 | 92014 | NCCI | More extensive procedure |
| G0381 | 94002 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 94003 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 94004 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 94644 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 94660 | NCCI | Standards of medical/surgical practice |
| G0381 | 94662 | NCCI | Standards of medical/surgical practice |
| G0381 | 95831 | NCCI | Standards of medical/surgical practice |
| G0381 | 95832 | NCCI | Standards of medical/surgical practice |
| G0381 | 95833 | NCCI | Standards of medical/surgical practice |
| G0381 | 95834 | NCCI | Standards of medical/surgical practice |
| G0381 | 95851 | NCCI | Standards of medical/surgical practice |
| G0381 | 95852 | NCCI | Standards of medical/surgical practice |
| G0381 | 96020 | NCCI | CPT manual and CMS coding manual instructions |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 205 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0381 | 96116 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96150 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96151 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96152 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96153 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96154 | NCCI | CPT manual and CMS coding manual instructions |
| G0381 | 96401 | NCCI | Standards of medical/surgical practice |
| G0381 | 96402 | NCCI | Standards of medical/surgical practice |
| G0381 | 96405 | NCCI | Standards of medical/surgical practice |
| G0381 | 96406 | NCCI | Standards of medical/surgical practice |
| G0381 | 96409 | NCCI | Standards of medical/surgical practice |
| G0381 | 96413 | NCCI | Standards of medical/surgical practice |
| G0381 | 96416 | NCCI | Standards of medical/surgical practice |
| G0381 | 96420 | NCCI | Standards of medical/surgical practice |
| G0381 | 96422 | NCCI | Standards of medical/surgical practice |
| G0381 | 96425 | NCCI | Standards of medical/surgical practice |
| G0381 | 96440 | NCCI | Standards of medical/surgical practice |
| G0381 | 96445 | NCCI | Standards of medical/surgical practice |
| G0381 | 96450 | NCCI | Standards of medical/surgical practice |
| G0381 | 96523 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 99239 | NCCI | Mutullay Exclusive |
| G0381 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | G0102 | NCCI | Standards of medical/surgical practice |
| G0381 | G0245 | NCCI | Standards of medical/surgical practice |
| G0381 | G0246 | NCCI | Standards of medical/surgical practice |
| G0381 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0381 | G0380 | NCCI | Mutullay Exclusive |
| G0381 | M0064 | NCCI | HCPCS/CPT procedure code definition |
| G0382 | 43752 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 90862 | NCCI | Standards of medical/surgical practice |
| G0382 | 90940 | NCCI | Standards of medical/surgical practice |
| G0382 | 92002 | NCCI | More extensive procedure |
| G0382 | 92004 | NCCI | More extensive procedure |
| G0382 | 92012 | NCCI | More extensive procedure |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 206 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0382 | 92014 | NCCI | More extensive procedure |
| G0382 | 94002 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 94003 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 94004 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 94644 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 94660 | NCCI | Standards of medical/surgical practice |
| G0382 | 94662 | NCCI | Standards of medical/surgical practice |
| G0382 | 95831 | NCCI | Standards of medical/surgical practice |
| G0382 | 95832 | NCCI | Standards of medical/surgical practice |
| G0382 | 95833 | NCCI | Standards of medical/surgical practice |
| G0382 | 95834 | NCCI | Standards of medical/surgical practice |
| G0382 | 95851 | NCCI | Standards of medical/surgical practice |
| G0382 | 95852 | NCCI | Standards of medical/surgical practice |
| G0382 | 96020 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96116 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96150 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96151 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96152 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96153 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96154 | NCCI | CPT manual and CMS coding manual instructions |
| G0382 | 96401 | NCCI | Standards of medical/surgical practice |
| G0382 | 96402 | NCCI | Standards of medical/surgical practice |
| G0382 | 96405 | NCCI | Standards of medical/surgical practice |
| G0382 | 96406 | NCCI | Standards of medical/surgical practice |
| G0382 | 96409 | NCCI | Standards of medical/surgical practice |
| G0382 | 96413 | NCCI | Standards of medical/surgical practice |
| G0382 | 96416 | NCCI | Standards of medical/surgical practice |
| G0382 | 96420 | NCCI | Standards of medical/surgical practice |
| G0382 | 96422 | NCCI | Standards of medical/surgical practice |
| G0382 | 96425 | NCCI | Standards of medical/surgical practice |
| G0382 | 96440 | NCCI | Standards of medical/surgical practice |
| G0382 | 96445 | NCCI | Standards of medical/surgical practice |
| G0382 | 96450 | NCCI | Standards of medical/surgical practice |
| G0382 | 96523 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | 99239 | NCCI | Mutullay Exclusive |
| G0382 | 99605 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 207 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0382 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | G0102 | NCCI | Standards of medical/surgical practice |
| G0382 | G0245 | NCCI | Standards of medical/surgical practice |
| G0382 | G0246 | NCCI | Standards of medical/surgical practice |
| G0382 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0382 | G0380 | NCCI | Mutullay Exclusive |
| G0382 | G0381 | NCCI | Mutullay Exclusive |
| G0382 | M0064 | NCCI | HCPCS/CPT procedure code definition |
| G0383 | 43752 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 90862 | NCCI | Standards of medical/surgical practice |
| G0383 | 90940 | NCCI | Standards of medical/surgical practice |
| G0383 | 92002 | NCCI | More extensive procedure |
| G0383 | 92004 | NCCI | More extensive procedure |
| G0383 | 92012 | NCCI | More extensive procedure |
| G0383 | 92014 | NCCI | More extensive procedure |
| G0383 | 94002 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 94003 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 94004 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 94644 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 94660 | NCCI | Standards of medical/surgical practice |
| G0383 | 94662 | NCCI | Standards of medical/surgical practice |
| G0383 | 95831 | NCCI | Standards of medical/surgical practice |
| G0383 | 95832 | NCCI | Standards of medical/surgical practice |
| G0383 | 95833 | NCCI | Standards of medical/surgical practice |
| G0383 | 95834 | NCCI | Standards of medical/surgical practice |
| G0383 | 95851 | NCCI | Standards of medical/surgical practice |
| G0383 | 95852 | NCCI | Standards of medical/surgical practice |
| G0383 | 96020 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96116 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96150 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96151 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96152 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96153 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96154 | NCCI | CPT manual and CMS coding manual instructions |
| G0383 | 96401 | NCCI | Standards of medical/surgical practice |
| G0383 | 96402 | NCCI | Standards of medical/surgical practice |
| G0383 | 96405 | NCCI | Standards of medical/surgical practice |
| G0383 | 96406 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 208 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0383 | 96409 | NCCI | Standards of medical/surgical practice |
| G0383 | 96413 | NCCI | Standards of medical/surgical practice |
| G0383 | 96416 | NCCI | Standards of medical/surgical practice |
| G0383 | 96420 | NCCI | Standards of medical/surgical practice |
| G0383 | 96422 | NCCI | Standards of medical/surgical practice |
| G0383 | 96425 | NCCI | Standards of medical/surgical practice |
| G0383 | 96440 | NCCI | Standards of medical/surgical practice |
| G0383 | 96445 | NCCI | Standards of medical/surgical practice |
| G0383 | 96450 | NCCI | Standards of medical/surgical practice |
| G0383 | 96523 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 99463 | NCCI | Mutually exclusive procedures |
| G0383 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | G0102 | NCCI | Standards of medical/surgical practice |
| G0383 | G0245 | NCCI | Standards of medical/surgical practice |
| G0383 | G0246 | NCCI | Standards of medical/surgical practice |
| G0383 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0383 | G0380 | NCCI | Mutullay Exclusive |
| G0383 | G0381 | NCCI | Mutullay Exclusive |
| G0383 | G0382 | NCCI | Mutullay Exclusive |
| G0383 | M0064 | NCCI | HCPCS/CPT procedure code definition |
| G0384 | 43752 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 90862 | NCCI | Standards of medical/surgical practice |
| G0384 | 90940 | NCCI | Standards of medical/surgical practice |
| G0384 | 92002 | NCCI | More extensive procedure |
| G0384 | 92004 | NCCI | More extensive procedure |
| G0384 | 92012 | NCCI | More extensive procedure |
| G0384 | 92014 | NCCI | More extensive procedure |
| G0384 | 94002 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 94003 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 94004 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 94644 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 94660 | NCCI | Standards of medical/surgical practice |
| G0384 | 94662 | NCCI | Standards of medical/surgical practice |
| G0384 | 95831 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 209 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0384 | 95832 | NCCI | Standards of medical/surgical practice |
| G0384 | 95833 | NCCI | Standards of medical/surgical practice |
| G0384 | 95834 | NCCI | Standards of medical/surgical practice |
| G0384 | 95851 | NCCI | Standards of medical/surgical practice |
| G0384 | 95852 | NCCI | Standards of medical/surgical practice |
| G0384 | 96020 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96116 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96150 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96151 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96152 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96153 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96154 | NCCI | CPT manual and CMS coding manual instructions |
| G0384 | 96401 | NCCI | Standards of medical/surgical practice |
| G0384 | 96402 | NCCI | Standards of medical/surgical practice |
| G0384 | 96405 | NCCI | Standards of medical/surgical practice |
| G0384 | 96406 | NCCI | Standards of medical/surgical practice |
| G0384 | 96409 | NCCI | Standards of medical/surgical practice |
| G0384 | 96413 | NCCI | Standards of medical/surgical practice |
| G0384 | 96416 | NCCI | Standards of medical/surgical practice |
| G0384 | 96420 | NCCI | Standards of medical/surgical practice |
| G0384 | 96422 | NCCI | Standards of medical/surgical practice |
| G0384 | 96425 | NCCI | Standards of medical/surgical practice |
| G0384 | 96440 | NCCI | Standards of medical/surgical practice |
| G0384 | 96445 | NCCI | Standards of medical/surgical practice |
| G0384 | 96450 | NCCI | Standards of medical/surgical practice |
| G0384 | 96523 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 99463 | NCCI | Mutually exclusive procedures |
| G0384 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | G0102 | NCCI | Standards of medical/surgical practice |
| G0384 | G0245 | NCCI | Standards of medical/surgical practice |
| G0384 | G0246 | NCCI | Standards of medical/surgical practice |
| G0384 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0384 | G0380 | NCCI | Mutullay Exclusive |
| G0384 | G0381 | NCCI | Mutullay Exclusive |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 210 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0384 | G0382 | NCCI | Mutullay Exclusive |
| G0384 | G0383 | NCCI | Mutullay Exclusive |
| G0384 | M0064 | NCCI | HCPCS/CPT procedure code definition |
| G0389 | 76998 | NCCI | Misuse of column 2 code with column 1 code |
| G0392 | 94200 | NCCI | Standards of medical/surgical practice |
| G0392 | 94250 | NCCI | Standards of medical/surgical practice |
| G0392 | 94680 | NCCI | Standards of medical/surgical practice |
| G0392 | 94681 | NCCI | Standards of medical/surgical practice |
| G0392 | 94690 | NCCI | Standards of medical/surgical practice |
| G0392 | 94770 | NCCI | Standards of medical/surgical practice |
| G0392 | 95812 | NCCI | Standards of medical/surgical practice |
| G0392 | 95813 | NCCI | Standards of medical/surgical practice |
| G0392 | 95816 | NCCI | Standards of medical/surgical practice |
| G0392 | 95819 | NCCI | Standards of medical/surgical practice |
| G0392 | 95822 | NCCI | Standards of medical/surgical practice |
| G0392 | 96376 | NCCI | Standards of medical/surgical practice |
| G0393 | 94200 | NCCI | Standards of medical/surgical practice |
| G0393 | 94250 | NCCI | Standards of medical/surgical practice |
| G0393 | 94680 | NCCI | Standards of medical/surgical practice |
| G0393 | 94681 | NCCI | Standards of medical/surgical practice |
| G0393 | 94690 | NCCI | Standards of medical/surgical practice |
| G0393 | 94770 | NCCI | Standards of medical/surgical practice |
| G0393 | 95812 | NCCI | Standards of medical/surgical practice |
| G0393 | 95813 | NCCI | Standards of medical/surgical practice |
| G0393 | 95816 | NCCI | Standards of medical/surgical practice |
| G0393 | 95819 | NCCI | Standards of medical/surgical practice |
| G0393 | 95822 | NCCI | Standards of medical/surgical practice |
| G0393 | 96376 | NCCI | Standards of medical/surgical practice |
| G0398 | 92270 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93000 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93005 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93010 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93040 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93041 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93042 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 93224 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93225 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93226 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93227 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 211 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| G0398 | 93230 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93231 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93232 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93233 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93235 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93236 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 93237 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 94200 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 94360 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 94620 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 94760 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 94761 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 94762 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 94770 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95812 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95813 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95816 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95819 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95822 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95824 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95827 | NCCI | HCPCS/CPT procedure code definition |
| G0398 | 95860 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95861 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95863 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95864 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95865 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95866 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95867 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95868 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95869 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95870 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95872 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95950 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95951 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95953 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95954 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95955 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95956 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95957 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 212 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0398 | 95958 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | 95961 | NCCI | Misuse of column 2 code with column 1 code |
| G0398 | G0399 | NCCI | Mutullay Exclusive |
| G0398 | G0400 | NCCI | Mutullay Exclusive |
| G0399 | 92270 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93000 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93005 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93010 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93040 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93041 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93042 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 93224 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93225 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93226 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93227 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93230 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93231 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93232 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93233 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93235 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93236 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 93237 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94200 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94360 | NCCI | HCPCS/CPT procedure code definition |
| G0399 | 94620 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94760 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94761 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94762 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 94770 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95812 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95813 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95816 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95819 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95822 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95824 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95827 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95860 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95861 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95863 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 213 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0399 | 95864 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95865 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95866 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95867 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95868 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95869 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95870 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95872 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95950 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95951 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95953 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95954 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95955 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95956 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95957 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95958 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | 95961 | NCCI | Misuse of column 2 code with column 1 code |
| G0399 | G0400 | NCCI | Mutullay Exclusive |
| G0400 | 92270 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93000 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93005 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93010 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93040 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93041 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93042 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 93224 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93225 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93226 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93227 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93230 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93231 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93232 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93233 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93235 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93236 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 93237 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 94200 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 94360 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 94620 | NCCI | Misuse of column 2 code with column 1 code |

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Source: PNC-CARR Page 214 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0400 | 94760 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 94761 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 94762 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 94770 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95812 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95813 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95816 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95819 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95822 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95824 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95827 | NCCI | HCPCS/CPT procedure code definition |
| G0400 | 95860 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95861 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95863 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95864 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95865 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95866 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95867 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95868 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95869 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95870 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95872 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95950 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95951 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95953 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95954 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95955 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95956 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95957 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95958 | NCCI | Misuse of column 2 code with column 1 code |
| G0400 | 95961 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90801 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90802 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90804 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90805 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90806 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90807 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90808 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90809 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 215 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0402 | 90810 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90811 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90812 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90813 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90814 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90815 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90816 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90817 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90818 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90819 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90821 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90822 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90823 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90824 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90826 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90827 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90828 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90829 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90845 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 90862 | NCCI | Standards of medical / surgical practice |
| G0402 | 92002 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 92004 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 92012 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 92014 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 93000 | NCCI | Standards of medical / surgical practice |
| G0402 | 93005 | NCCI | Standards of medical / surgical practice |
| G0402 | 93010 | NCCI | Standards of medical / surgical practice |
| G0402 | 93012 | NCCI | Standards of medical / surgical practice |
| G0402 | 93014 | NCCI | Standards of medical / surgical practice |
| G0402 | 93040 | NCCI | Standards of medical / surgical practice |
| G0402 | 93041 | NCCI | Standards of medical / surgical practice |
| G0402 | 93042 | NCCI | Standards of medical / surgical practice |
| G0402 | 95831 | NCCI | Standards of medical / surgical practice |
| G0402 | 95832 | NCCI | Standards of medical / surgical practice |
| G0402 | 95833 | NCCI | Standards of medical / surgical practice |
| G0402 | 95834 | NCCI | Standards of medical / surgical practice |
| G0402 | 95851 | NCCI | Standards of medical / surgical practice |
| G0402 | 95852 | NCCI | Standards of medical / surgical practice |
| G0402 | 96116 | NCCI | CPT Manual and CMS coding manual instructions |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 216 of 643

| Comprehensive Code | Component Code | Sauraa | Rationale |
|-----------------------|-------------------|----------------|---|
| G0402 | 96150 | Source NCCI | CPT Manual and CMS coding manual instructions |
| G0402 | 96151 | NCCI | CPT Manual and CMS coding manual instructions |
| G0402 | 96152 | NCCI | CPT Manual and CMS coding manual instructions |
| G0402 | 96153 | NCCI | CPT Manual and CMS coding manual instructions |
| G0402 | 96154 | NCCI | CPT Manual and CMS coding manual instructions |
| G0402 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | 99201 | NCCI | Mutually exclusive procedures |
| G0402 | 99202 | NCCI | Mutually exclusive procedures |
| G0402 | 99203 | NCCI | Mutually exclusive procedures |
| G0402 | 99204 | NCCI | Mutually exclusive procedures |
| G0402 | 99205 | NCCI | Mutually exclusive procedures |
| G0402 | 99211 | NCCI | Mutually exclusive procedures |
| G0402 | 99212 | NCCI | Mutually exclusive procedures |
| G0402 | 99213 | NCCI | Mutually exclusive procedures |
| G0402 | 99214 | NCCI | Mutually exclusive procedures |
| G0402 | 99215 | NCCI | Mutually exclusive procedures |
| G0402 | 99281 | NCCI | Mutually exclusive procedures |
| G0402 | 99282 | NCCI | Mutually exclusive procedures |
| G0402 | 99283 | NCCI | Mutually exclusive procedures |
| G0402 | 99284 | NCCI | Mutually exclusive procedures |
| G0402 | 99285 | NCCI | Mutually exclusive procedures |
| G0402 | 99304 | NCCI | Mutually exclusive procedures |
| G0402 | 99305 | NCCI | Mutually exclusive procedures |
| G0402 | 99306 | NCCI | Mutually exclusive procedures |
| G0402 | 99307 | NCCI | Mutually exclusive procedures |
| G0402 | 99308 | NCCI | Mutually exclusive procedures |
| G0402 | 99309 | NCCI | Mutually exclusive procedures |
| G0402 | 99310 | NCCI | Mutually exclusive procedures |
| G0402 | 99315 | NCCI | Mutually exclusive procedures |
| G0402 | 99316 | NCCI | Mutually exclusive procedures |
| G0402 | 99318 | NCCI | Mutually exclusive procedures |
| G0402 | 99324 | NCCI | Mutually exclusive procedures |
| G0402 | 99325 | NCCI | Mutually exclusive procedures |
| G0402 | 99326 | NCCI | Mutually exclusive procedures |
| G0402 | 99327 | NCCI | Mutually exclusive procedures |
| G0402 | 99328 | NCCI | Mutually exclusive procedures |
| G0402 | 99334 | NCCI | Mutually exclusive procedures |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 217 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0402 | 99335 | NCCI | Mutually exclusive procedures |
| G0402 | 99336 | NCCI | Mutually exclusive procedures |
| G0402 | 99337 | NCCI | Mutually exclusive procedures |
| G0402 | 99341 | NCCI | Mutually exclusive procedures |
| G0402 | 99342 | NCCI | Mutually exclusive procedures |
| G0402 | 99343 | NCCI | Mutually exclusive procedures |
| G0402 | 99344 | NCCI | Mutually exclusive procedures |
| G0402 | 99345 | NCCI | Mutually exclusive procedures |
| G0402 | 99347 | NCCI | Mutually exclusive procedures |
| G0402 | 99348 | NCCI | Mutually exclusive procedures |
| G0402 | 99349 | NCCI | Mutually exclusive procedures |
| G0402 | 99350 | NCCI | Mutually exclusive procedures |
| G0402 | G0102 | NCCI | Standards of medical / surgical practice |
| G0402 | G0250 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0402 | G0380 | NCCI | Mutually exclusive procedures |
| G0402 | G0381 | NCCI | Mutually exclusive procedures |
| G0402 | G0382 | NCCI | Mutually exclusive procedures |
| G0402 | G0383 | NCCI | Mutually exclusive procedures |
| G0402 | G0384 | NCCI | Mutually exclusive procedures |
| G0402 | M0064 | NCCI | Standards of medical / surgical practice |
| G0403 | 93000 | NCCI | Mutually exclusive procedures |
| G0403 | 93005 | NCCI | Mutually exclusive procedures |
| G0403 | 93010 | NCCI | Mutually exclusive procedures |
| G0403 | 93040 | NCCI | Mutually exclusive procedures |
| G0403 | 93041 | NCCI | Mutually exclusive procedures |
| G0403 | 93042 | NCCI | Mutually exclusive procedures |
| G0403 | G0404 | NCCI | HCPCS/CPT procedure code definition |
| G0403 | G0405 | NCCI | HCPCS/CPT procedure code definition |
| G0404 | 93000 | NCCI | Mutually exclusive procedures |
| G0404 | 93005 | NCCI | Mutually exclusive procedures |
| G0404 | 93010 | NCCI | Mutually exclusive procedures |
| G0404 | 93040 | NCCI | Mutually exclusive procedures |
| G0404 | 93041 | NCCI | Mutually exclusive procedures |
| G0404 | 93042 | NCCI | Mutually exclusive procedures |
| G0405 | 93000 | NCCI | Mutually exclusive procedures |
| G0405 | 93005 | NCCI | Mutually exclusive procedures |
| G0405 | 93010 | NCCI | Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 218 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|-------------------------------------|
| G0405 | 93040 | NCCI | Mutually exclusive procedures |
| G0405 | 93041 | NCCI | Mutually exclusive procedures |
| G0405 | 93042 | NCCI | Mutually exclusive procedures |
| G0407 | G0406 | NCCI | HCPCS/CPT procedure code definition |
| G0408 | G0406 | NCCI | HCPCS/CPT procedure code definition |
| G0408 | G0407 | NCCI | HCPCS/CPT procedure code definition |
| G0409 | 90801 | NCCI | Mutually exclusive procedures |
| G0409 | 90802 | NCCI | Mutually exclusive procedures |
| G0409 | 90804 | NCCI | Mutually exclusive procedures |
| G0409 | 90805 | NCCI | Mutually exclusive procedures |
| G0409 | 90806 | NCCI | Mutually exclusive procedures |
| G0409 | 90807 | NCCI | Mutually exclusive procedures |
| G0409 | 90808 | NCCI | Mutually exclusive procedures |
| G0409 | 90809 | NCCI | Mutually exclusive procedures |
| G0409 | 90810 | NCCI | Mutually exclusive procedures |
| G0409 | 90811 | NCCI | Mutually exclusive procedures |
| G0409 | 90812 | NCCI | Mutually exclusive procedures |
| G0409 | 90813 | NCCI | Mutually exclusive procedures |
| G0409 | 90814 | NCCI | Mutually exclusive procedures |
| G0409 | 90815 | NCCI | Mutually exclusive procedures |
| G0409 | 90816 | NCCI | Mutually exclusive procedures |
| G0409 | 90817 | NCCI | Mutually exclusive procedures |
| G0409 | 90818 | NCCI | Mutually exclusive procedures |
| G0409 | 90819 | NCCI | Mutually exclusive procedures |
| G0409 | 90821 | NCCI | Mutually exclusive procedures |
| G0409 | 90822 | NCCI | Mutually exclusive procedures |
| G0409 | 90823 | NCCI | Mutually exclusive procedures |
| G0409 | 90824 | NCCI | Mutually exclusive procedures |
| G0409 | 90826 | NCCI | Mutually exclusive procedures |
| G0409 | 90827 | NCCI | Mutually exclusive procedures |
| G0409 | 90828 | NCCI | Mutually exclusive procedures |
| G0409 | 90829 | NCCI | Mutually exclusive procedures |
| G0409 | 90845 | NCCI | Mutually exclusive procedures |
| G0409 | 90846 | NCCI | Mutually exclusive procedures |
| G0409 | 90847 | NCCI | Mutually exclusive procedures |
| G0409 | 90849 | NCCI | Mutually exclusive procedures |
| G0409 | 90853 | NCCI | Mutually exclusive procedures |
| G0409 | 90857 | NCCI | Mutually exclusive procedures |
| G0409 | 90862 | NCCI | Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 219 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0409 | 90865 | NCCI | Mutually exclusive procedures |
| G0409 | 90870 | NCCI | Mutually exclusive procedures |
| G0409 | 90880 | NCCI | Mutually exclusive procedures |
| G0409 | G0155 | NCCI | Mutually exclusive procedures |
| G0409 | G0176 | NCCI | Mutually exclusive procedures |
| G0409 | G0177 | NCCI | Mutually exclusive procedures |
| G0410 | 36640 | NCCI | More extensive procedure |
| G0410 | 90801 | NCCI | Mutually exclusive procedures |
| G0410 | 90802 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 90804 | NCCI | Mutually exclusive procedures |
| G0410 | 90805 | NCCI | Mutually exclusive procedures |
| G0410 | 90806 | NCCI | Mutually exclusive procedures |
| G0410 | 90807 | NCCI | Mutually exclusive procedures |
| G0410 | 90808 | NCCI | Mutually exclusive procedures |
| G0410 | 90809 | NCCI | Mutually exclusive procedures |
| G0410 | 90810 | NCCI | Mutually exclusive procedures |
| G0410 | 90811 | NCCI | Mutually exclusive procedures |
| G0410 | 90812 | NCCI | Mutually exclusive procedures |
| G0410 | 90813 | NCCI | Mutually exclusive procedures |
| G0410 | 90814 | NCCI | Mutually exclusive procedures |
| G0410 | 90815 | NCCI | Mutually exclusive procedures |
| G0410 | 90816 | NCCI | Mutually exclusive procedures |
| G0410 | 90817 | NCCI | Mutually exclusive procedures |
| G0410 | 90818 | NCCI | Mutually exclusive procedures |
| G0410 | 90819 | NCCI | Mutually exclusive procedures |
| G0410 | 90821 | NCCI | Mutually exclusive procedures |
| G0410 | 90822 | NCCI | Mutually exclusive procedures |
| G0410 | 90823 | NCCI | Mutually exclusive procedures |
| G0410 | 90824 | NCCI | Mutually exclusive procedures |
| G0410 | 90826 | NCCI | Mutually exclusive procedures |
| G0410 | 90827 | NCCI | Mutually exclusive procedures |
| G0410 | 90828 | NCCI | Mutually exclusive procedures |
| G0410 | 90829 | NCCI | Mutually exclusive procedures |
| G0410 | 90845 | NCCI | Mutually exclusive procedures |
| G0410 | 90846 | NCCI | Mutually exclusive procedures |
| G0410 | 90847 | NCCI | Mutually exclusive procedures |
| G0410 | 90849 | NCCI | Mutually exclusive procedures |
| G0410 | 90853 | NCCI | Mutually exclusive procedures |
| G0410 | 90862 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 220 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0410 | 90865 | NCCI | Mutually exclusive procedures |
| G0410 | 90870 | NCCI | Mutually exclusive procedures |
| G0410 | 96116 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 96150 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 96151 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 96152 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 96153 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 96154 | NCCI | CPT Manual and CMS coding manual instructions |
| G0410 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99201 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99202 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99203 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99204 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99205 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99211 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99212 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99213 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99214 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99215 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99217 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99218 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99219 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99220 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99221 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99222 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99223 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99231 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99232 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99233 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99234 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99235 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99236 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99238 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99239 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99281 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99282 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99283 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 221 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| G0410 | 99284 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99285 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99291 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99292 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99304 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99305 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99306 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99307 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99308 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99309 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99310 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99315 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99316 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99318 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99324 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99325 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99326 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99327 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99328 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99334 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99335 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99336 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99337 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99341 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99342 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99343 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99344 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99345 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99347 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99348 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99349 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99350 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99354 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99355 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99356 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99357 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0176 | NCCI | Misuse of column 2 code with column 1 code |

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Source: PNC-CARR Page 222 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0410 | G0177 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0380 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0381 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0382 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0383 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | G0384 | NCCI | Misuse of column 2 code with column 1 code |
| G0410 | M0064 | NCCI | Standards of medical / surgical practice |
| G0411 | 90801 | NCCI | Mutually exclusive procedures |
| G0411 | 90802 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 90804 | NCCI | Mutually exclusive procedures |
| G0411 | 90805 | NCCI | Mutually exclusive procedures |
| G0411 | 90806 | NCCI | Mutually exclusive procedures |
| G0411 | 90807 | NCCI | Mutually exclusive procedures |
| G0411 | 90808 | NCCI | Mutually exclusive procedures |
| G0411 | 90809 | NCCI | Mutually exclusive procedures |
| G0411 | 90810 | NCCI | Mutually exclusive procedures |
| G0411 | 90811 | NCCI | Mutually exclusive procedures |
| G0411 | 90812 | NCCI | Mutually exclusive procedures |
| G0411 | 90813 | NCCI | Mutually exclusive procedures |
| G0411 | 90814 | NCCI | Mutually exclusive procedures |
| G0411 | 90815 | NCCI | Mutually exclusive procedures |
| G0411 | 90816 | NCCI | Mutually exclusive procedures |
| G0411 | 90817 | NCCI | Mutually exclusive procedures |
| G0411 | 90818 | NCCI | Mutually exclusive procedures |
| G0411 | 90819 | NCCI | Mutually exclusive procedures |
| G0411 | 90821 | NCCI | Mutually exclusive procedures |
| G0411 | 90822 | NCCI | Mutually exclusive procedures |
| G0411 | 90823 | NCCI | Mutually exclusive procedures |
| G0411 | 90824 | NCCI | Mutually exclusive procedures |
| G0411 | 90826 | NCCI | Mutually exclusive procedures |
| G0411 | 90827 | NCCI | Mutually exclusive procedures |
| G0411 | 90828 | NCCI | Mutually exclusive procedures |
| G0411 | 90829 | NCCI | Mutually exclusive procedures |
| G0411 | 90845 | NCCI | Mutually exclusive procedures |
| G0411 | 90846 | NCCI | Mutually exclusive procedures |
| G0411 | 90847 | NCCI | Mutually exclusive procedures |
| G0411 | 90849 | NCCI | Mutually exclusive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 223 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| G0411 | 90857 | NCCI | Mutually exclusive procedures |
| G0411 | 90862 | NCCI | Standards of medical / surgical practice |
| G0411 | 90865 | NCCI | Mutually exclusive procedures |
| G0411 | 90870 | NCCI | Mutually exclusive procedures |
| G0411 | 96116 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 96150 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 96151 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 96152 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 96153 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 96154 | NCCI | CPT Manual and CMS coding manual instructions |
| G0411 | 97802 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 97803 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 97804 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99201 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99202 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99203 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99204 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99205 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99211 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99212 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99213 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99214 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99215 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99217 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99218 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99219 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99220 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99221 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99222 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99223 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99231 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99232 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99233 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99234 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99235 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99236 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99238 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99239 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99281 | NCCI | Misuse of column 2 code with column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 224 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0411 | 99282 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99283 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99284 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99285 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99291 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99292 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99304 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99305 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99306 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99307 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99308 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99309 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99310 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99315 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99316 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99318 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99324 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99325 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99326 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99327 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99328 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99334 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99335 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99336 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99337 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99341 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99342 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99343 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99344 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99345 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99347 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99348 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99349 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99350 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99354 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99355 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99356 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99357 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | 99605 | NCCI | Misuse of column 2 code with column 1 code |

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Source: PNC-CARR Page 225 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0411 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0176 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0177 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0270 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0271 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0380 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0381 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0382 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0383 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0384 | NCCI | Misuse of column 2 code with column 1 code |
| G0411 | G0410 | NCCI | Mutually exclusive procedures |
| G0411 | M0064 | NCCI | Standards of medical / surgical practice |
| G0412 | 20680 | NCCI | Standards of medical / surgical practice |
| G0412 | 27275 | NCCI | Standards of medical / surgical practice |
| G0412 | 29000 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29010 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29015 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29020 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29025 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29035 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29040 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29044 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29046 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29049 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29305 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29325 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29520 | NCCI | CPT Manual and CMS coding manual instructions |
| G0412 | 29700 | NCCI | Standards of medical / surgical practice |
| G0412 | 29705 | NCCI | Standards of medical / surgical practice |
| G0412 | 29710 | NCCI | Standards of medical / surgical practice |
| G0412 | 29715 | NCCI | Standards of medical / surgical practice |
| G0412 | 36000 | NCCI | Standards of medical / surgical practice |
| G0412 | 36410 | NCCI | Standards of medical / surgical practice |
| G0412 | 37202 | NCCI | Misuse of column two code with column one code |
| G0412 | 51701 | NCCI | Standards of medical / surgical practice |
| G0412 | 51702 | NCCI | Standards of medical / surgical practice |
| G0412 | 51703 | NCCI | Standards of medical / surgical practice |
| G0412 | 62318 | NCCI | Misuse of column two code with column one code |
| G0412 | 62319 | NCCI | Misuse of column two code with column one code |

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Source: PNC-CARR Page 226 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0412 | 64415 | NCCI | Misuse of column two code with column one code |
| G0412 | 64416 | NCCI | Misuse of column two code with column one code |
| G0412 | 64417 | NCCI | Misuse of column two code with column one code |
| G0412 | 64450 | NCCI | Misuse of column two code with column one code |
| G0412 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0412 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0412 | 69990 | NCCI | Misuse of column two code with column one code |
| G0412 | 73530 | NCCI | Misuse of column two code with column one code |
| G0412 | 96360 | NCCI | Standards of medical / surgical practice |
| G0412 | 96365 | NCCI | Standards of medical / surgical practice |
| G0412 | 96372 | NCCI | Standards of medical / surgical practice |
| G0412 | 96374 | NCCI | Standards of medical / surgical practice |
| G0412 | 96375 | NCCI | Standards of medical / surgical practice |
| G0412 | 97597 | NCCI | Standards of medical / surgical practice |
| G0412 | 97598 | NCCI | Standards of medical / surgical practice |
| G0412 | 97602 | NCCI | Standards of medical / surgical practice |
| G0412 | 97605 | NCCI | Standards of medical / surgical practice |
| G0412 | 97606 | NCCI | Standards of medical / surgical practice |
| G0412 | 99148 | NCCI | Misuse of column two code with column one code |
| G0412 | 99149 | NCCI | Misuse of column two code with column one code |
| G0412 | 99150 | NCCI | Misuse of column two code with column one code |
| G0413 | 20650 | NCCI | "CPT ""separate procedure"" definition" |
| G0413 | 20680 | NCCI | Standards of medical / surgical practice |
| G0413 | 27193 | NCCI | More extensive procedure |
| G0413 | 27194 | NCCI | More extensive procedure |
| G0413 | 27275 | NCCI | Standards of medical / surgical practice |
| G0413 | 29000 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29010 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29015 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29020 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29025 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29035 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29040 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29044 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29046 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29049 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29305 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29325 | NCCI | CPT Manual and CMS coding manual instructions |
| G0413 | 29520 | NCCI | CPT Manual and CMS coding manual instructions |

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Source: PNC-CARR Page 227 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0413 | 29700 | NCCI | Standards of medical / surgical practice |
| G0413 | 29705 | NCCI | Standards of medical / surgical practice |
| G0413 | 29710 | NCCI | Standards of medical / surgical practice |
| G0413 | 29715 | NCCI | Standards of medical / surgical practice |
| G0413 | 36000 | NCCI | Standards of medical / surgical practice |
| G0413 | 36410 | NCCI | Standards of medical / surgical practice |
| G0413 | 37202 | NCCI | Misuse of column two code with column one code |
| G0413 | 51701 | NCCI | Standards of medical / surgical practice |
| G0413 | 51702 | NCCI | Standards of medical / surgical practice |
| G0413 | 51703 | NCCI | Standards of medical / surgical practice |
| G0413 | 62318 | NCCI | Misuse of column two code with column one code |
| G0413 | 62319 | NCCI | Misuse of column two code with column one code |
| G0413 | 64415 | NCCI | Misuse of column two code with column one code |
| G0413 | 64416 | NCCI | Misuse of column two code with column one code |
| G0413 | 64417 | NCCI | Misuse of column two code with column one code |
| G0413 | 64450 | NCCI | Misuse of column two code with column one code |
| G0413 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0413 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0413 | 69990 | NCCI | Misuse of column two code with column one code |
| G0413 | 73530 | NCCI | Misuse of column two code with column one code |
| G0413 | 96360 | NCCI | Standards of medical / surgical practice |
| G0413 | 96365 | NCCI | Standards of medical / surgical practice |
| G0413 | 96372 | NCCI | Standards of medical / surgical practice |
| G0413 | 96374 | NCCI | Standards of medical / surgical practice |
| G0413 | 96375 | NCCI | Standards of medical / surgical practice |
| G0413 | 97597 | NCCI | Standards of medical / surgical practice |
| G0413 | 97598 | NCCI | Standards of medical / surgical practice |
| G0413 | 97602 | NCCI | Standards of medical / surgical practice |
| G0413 | 97605 | NCCI | Standards of medical / surgical practice |
| G0413 | 97606 | NCCI | Standards of medical / surgical practice |
| G0413 | 99148 | NCCI | Misuse of column two code with column one code |
| G0413 | 99149 | NCCI | Misuse of column two code with column one code |
| G0413 | 99150 | NCCI | Misuse of column two code with column one code |
| G0414 | 20650 | NCCI | "CPT ""separate procedure"" definition" |
| G0414 | 20680 | NCCI | Standards of medical / surgical practice |
| G0414 | 27275 | NCCI | Standards of medical / surgical practice |
| G0414 | 29000 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29010 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29015 | NCCI | CPT Manual and CMS coding manual instructions |
| | | | |

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Source: PNC-CARR Page 228 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| G0414 | 29020 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29025 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29035 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29040 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29044 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29046 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29049 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29305 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29325 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29520 | NCCI | CPT Manual and CMS coding manual instructions |
| G0414 | 29700 | NCCI | Standards of medical / surgical practice |
| G0414 | 29705 | NCCI | Standards of medical / surgical practice |
| G0414 | 29710 | NCCI | Standards of medical / surgical practice |
| G0414 | 29715 | NCCI | Standards of medical / surgical practice |
| G0414 | 36000 | NCCI | Standards of medical / surgical practice |
| G0414 | 36410 | NCCI | Standards of medical / surgical practice |
| G0414 | 37202 | NCCI | Misuse of column two code with column one code |
| G0414 | 51701 | NCCI | Standards of medical / surgical practice |
| G0414 | 51702 | NCCI | Standards of medical / surgical practice |
| G0414 | 51703 | NCCI | Standards of medical / surgical practice |
| G0414 | 62318 | NCCI | Misuse of column two code with column one code |
| G0414 | 62319 | NCCI | Misuse of column two code with column one code |
| G0414 | 64415 | NCCI | Misuse of column two code with column one code |
| G0414 | 64416 | NCCI | Misuse of column two code with column one code |
| G0414 | 64417 | NCCI | Misuse of column two code with column one code |
| G0414 | 64450 | NCCI | Misuse of column two code with column one code |
| G0414 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0414 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0414 | 69990 | NCCI | Misuse of column two code with column one code |
| G0414 | 73530 | NCCI | Misuse of column two code with column one code |
| G0414 | 96360 | NCCI | Standards of medical / surgical practice |
| G0414 | 96365 | NCCI | Standards of medical / surgical practice |
| G0414 | 96372 | NCCI | Standards of medical / surgical practice |
| G0414 | 96374 | NCCI | Standards of medical / surgical practice |
| G0414 | 96375 | NCCI | Standards of medical / surgical practice |
| G0414 | 97597 | NCCI | Standards of medical / surgical practice |
| G0414 | 97598 | NCCI | Standards of medical / surgical practice |
| G0414 | 97602 | NCCI | Standards of medical / surgical practice |
| G0414 | 97605 | NCCI | Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 229 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0414 | 97606 | NCCI | Standards of medical / surgical practice |
| G0414 | 99148 | NCCI | Misuse of column two code with column one code |
| G0414 | 99149 | NCCI | Misuse of column two code with column one code |
| G0414 | 99150 | NCCI | Misuse of column two code with column one code |
| G0415 | 20650 | NCCI | "CPT ""separate procedure" definition" |
| G0415 | 20680 | NCCI | Standards of medical / surgical practice |
| G0415 | 27275 | NCCI | Standards of medical / surgical practice |
| G0415 | 29000 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29010 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29015 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29020 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29025 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29035 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29040 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29044 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29046 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29049 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29305 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29325 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29520 | NCCI | CPT Manual and CMS coding manual instructions |
| G0415 | 29700 | NCCI | Standards of medical / surgical practice |
| G0415 | 29705 | NCCI | Standards of medical / surgical practice |
| G0415 | 29710 | NCCI | Standards of medical / surgical practice |
| G0415 | 29715 | NCCI | Standards of medical / surgical practice |
| G0415 | 36000 | NCCI | Standards of medical / surgical practice |
| G0415 | 36410 | NCCI | Standards of medical / surgical practice |
| G0415 | 37202 | NCCI | Misuse of column two code with column one code |
| G0415 | 51701 | NCCI | Standards of medical / surgical practice |
| G0415 | 51702 | NCCI | Standards of medical / surgical practice |
| G0415 | 51703 | NCCI | Standards of medical / surgical practice |
| G0415 | 62318 | NCCI | Misuse of column two code with column one code |
| G0415 | 62319 | NCCI | Misuse of column two code with column one code |
| G0415 | 64415 | NCCI | Misuse of column two code with column one code |
| G0415 | 64416 | NCCI | Misuse of column two code with column one code |
| G0415 | 64417 | NCCI | Misuse of column two code with column one code |
| G0415 | 64450 | NCCI | Misuse of column two code with column one code |
| G0415 | 64490 | NCCI | Misuse of column 2 code with column 1 code |
| G0415 | 64493 | NCCI | Misuse of column 2 code with column 1 code |
| G0415 | 69990 | NCCI | Misuse of column two code with column one code |

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Source: PNC-CARR Page 230 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0415 | 73530 | NCCI | Misuse of column two code with column one code |
| G0415 | 96360 | NCCI | Standards of medical / surgical practice |
| G0415 | 96365 | NCCI | Standards of medical / surgical practice |
| G0415 | 96372 | NCCI | Standards of medical / surgical practice |
| G0415 | 96374 | NCCI | Standards of medical / surgical practice |
| G0415 | 96375 | NCCI | Standards of medical / surgical practice |
| G0415 | 97597 | NCCI | Standards of medical / surgical practice |
| G0415 | 97598 | NCCI | Standards of medical / surgical practice |
| G0415 | 97602 | NCCI | Standards of medical / surgical practice |
| G0415 | 97605 | NCCI | Standards of medical / surgical practice |
| G0415 | 97606 | NCCI | Standards of medical / surgical practice |
| G0415 | 99148 | NCCI | Misuse of column two code with column one code |
| G0415 | 99149 | NCCI | Misuse of column two code with column one code |
| G0415 | 99150 | NCCI | Misuse of column two code with column one code |
| G0415 | G0413 | NCCI | More extensive procedure |
| G0416 | 88160 | NCCI | More extensive procedure |
| G0416 | 88161 | NCCI | More extensive procedure |
| G0416 | 88162 | NCCI | More extensive procedure |
| G0416 | 88302 | NCCI | More extensive procedure |
| G0416 | 88304 | NCCI | More extensive procedure |
| G0416 | 88305 | NCCI | More extensive procedure |
| G0416 | 88321 | NCCI | Misuse of column 2 code with column 1 code |
| G0416 | 88323 | NCCI | Misuse of column 2 code with column 1 code |
| G0416 | 88325 | NCCI | Misuse of column 2 code with column 1 code |
| G0416 | 89060 | NCCI | CPT Manual and CMS coding manual instructions |
| G0417 | 88160 | NCCI | More extensive procedure |
| G0417 | 88161 | NCCI | More extensive procedure |
| G0417 | 88162 | NCCI | More extensive procedure |
| G0417 | 88302 | NCCI | More extensive procedure |
| G0417 | 88304 | NCCI | More extensive procedure |
| G0417 | 88305 | NCCI | More extensive procedure |
| G0417 | 88321 | NCCI | Misuse of column 2 code with column 1 code |
| G0417 | 88323 | NCCI | Misuse of column 2 code with column 1 code |
| G0417 | 88325 | NCCI | Misuse of column 2 code with column 1 code |
| G0417 | 89060 | NCCI | CPT Manual and CMS coding manual instructions |
| G0417 | G0416 | NCCI | CPT Manual and CMS coding manual instructions |
| G0418 | 88160 | NCCI | More extensive procedure |
| G0418 | 88161 | NCCI | More extensive procedure |
| G0418 | 88162 | NCCI | More extensive procedure |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 231 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G0418 | 88302 | NCCI | More extensive procedure |
| G0418 | 88304 | NCCI | More extensive procedure |
| G0418 | 88305 | NCCI | More extensive procedure |
| G0418 | 88321 | NCCI | Misuse of column 2 code with column 1 code |
| G0418 | 88323 | NCCI | Misuse of column 2 code with column 1 code |
| G0418 | 88325 | NCCI | Misuse of column 2 code with column 1 code |
| G0418 | 89060 | NCCI | CPT Manual and CMS coding manual instructions |
| G0418 | G0416 | NCCI | CPT Manual and CMS coding manual instructions |
| G0418 | G0417 | NCCI | CPT Manual and CMS coding manual instructions |
| G0419 | 88160 | NCCI | More extensive procedure |
| G0419 | 88161 | NCCI | More extensive procedure |
| G0419 | 88162 | NCCI | More extensive procedure |
| G0419 | 88302 | NCCI | More extensive procedure |
| G0419 | 88304 | NCCI | More extensive procedure |
| G0419 | 88305 | NCCI | More extensive procedure |
| G0419 | 88321 | NCCI | Misuse of column 2 code with column 1 code |
| G0419 | 88323 | NCCI | Misuse of column 2 code with column 1 code |
| G0419 | 88325 | NCCI | Misuse of column 2 code with column 1 code |
| G0419 | 89060 | NCCI | CPT Manual and CMS coding manual instructions |
| G0419 | G0416 | NCCI | CPT Manual and CMS coding manual instructions |
| G0419 | G0417 | NCCI | CPT Manual and CMS coding manual instructions |
| G0419 | G0418 | NCCI | CPT Manual and CMS coding manual instructions |
| G3001 | 96360 | NCCI | Standards of medical/surgical practice |
| G3001 | 96365 | NCCI | Standards of medical/surgical practice |
| G3001 | 96372 | NCCI | Standards of medical/surgical practice |
| G3001 | 96374 | NCCI | Standards of medical/surgical practice |
| G3001 | 96375 | NCCI | Standards of medical/surgical practice |
| G3001 | 96376 | NCCI | Standards of medical / surgical practice |
| G9001 | G9001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9002 | G9002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9003 | G9003 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9004 | G9004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9005 | G9005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9006 | G9006 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9007 | G9007 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 232 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| G9008 | G9008 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9009 | G9009 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9010 | G9010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9011 | G9011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9012 | G9012 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| G9016 | G9016 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0001 | H0001 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0002 | H0002 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0003 | H0003 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0004 | H0004 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0005 | H0005 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0006 | H0006 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0007 | H0007 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0008 | H0008 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0009 | H0009 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0010 | H0010 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0011 | H0011 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0012 | H0012 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0013 | H0013 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0014 | H0014 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0015 | H0015 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0016 | H0016 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0017 | H0017 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0018 | H0018 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 233 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| H0019 | H0019 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0020 | H0020 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0021 | H0021 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0022 | H0022 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0023 | H0023 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0024 | H0024 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0025 | H0025 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0026 | H0026 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0027 | H0027 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0028 | H0028 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0029 | H0029 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0030 | H0030 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| H0031 | H0031 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0032 | H0032 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0033 | H0033 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0034 | H0034 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0035 | H0035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0036 | H0036 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0037 | H0036 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| H0037 | H0037 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0038 | H0038 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0039 | H0039 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0040 | H0039 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| H0040 | H0040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 234 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| H0041 | H0041 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0042 | H0041 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| H0042 | H0042 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0043 | H0043 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0044 | H0043 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| H0044 | H0044 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0045 | H0045 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0046 | H0046 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0047 | H0047 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H0048 | H0048 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1000 | H1000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1001 | H1001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1002 | H1002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1003 | H1003 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1004 | H1004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1005 | H1001 | BCBST | The edited code is considered an integral component of the listed code as per the descriptor of the listed code. |
| H1005 | H1002 | BCBST | The edited code is considered an integral component of the listed code as per the descriptor of the listed code. |
| H1005 | H1003 | BCBST | The edited code is considered an integral component of the listed code as per the descriptor of the listed code. |
| H1005 | H1004 | BCBST | The edited code is considered an integral component of the listed code as per the descriptor of the listed code. |
| H1005 | H1005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1010 | H1010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H1011 | H1011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H2000 | H2000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| H2001 | H2001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 235 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| J0850 | J0850 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1460 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1470 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1480 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1490 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1500 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1460 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1460 | NCCI | NCCI Most extensive procedures |
| J1470 | J1470 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1480 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1490 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1500 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1470 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1460 | NCCI | NCCI Most extensive procedures |
| J1480 | J1470 | NCCI | NCCI Most extensive procedures |
| J1480 | J1480 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 236 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| J1480 | J1490 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1500 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1480 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1460 | NCCI | NCCI Most extensive procedures |
| J1490 | J1470 | NCCI | NCCI Most extensive procedures |
| J1490 | J1480 | NCCI | NCCI Most extensive procedures |
| J1490 | J1490 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1500 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1490 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1460 | NCCI | NCCI Most extensive procedures |
| J1500 | J1470 | NCCI | NCCI Most extensive procedures |
| J1500 | J1480 | NCCI | NCCI Most extensive procedures |
| J1500 | J1490 | NCCI | NCCI Most extensive procedures |
| J1500 | J1500 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 237 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| J1500 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1500 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1460 | NCCI | NCCI Most extensive procedures |
| J1510 | J1470 | NCCI | NCCI Most extensive procedures |
| J1510 | J1480 | NCCI | NCCI Most extensive procedures |
| J1510 | J1490 | NCCI | NCCI Most extensive procedures |
| J1510 | J1500 | NCCI | NCCI Most extensive procedures |
| J1510 | J1510 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1510 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1520 | J1460 | NCCI | NCCI Most extensive procedures |
| J1520 | J1470 | NCCI | NCCI Most extensive procedures |
| J1520 | J1480 | NCCI | NCCI Most extensive procedures |
| J1520 | J1490 | NCCI | NCCI Most extensive procedures |
| J1520 | J1500 | NCCI | NCCI Most extensive procedures |
| J1520 | J1510 | NCCI | NCCI Most extensive procedures |
| J1520 | J1520 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1520 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1520 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1520 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1520 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1530 | J1460 | NCCI | NCCI Most extensive procedures |
| J1530 | J1470 | NCCI | NCCI Most extensive procedures |
| J1530 | J1480 | NCCI | NCCI Most extensive procedures |
| J1530 | J1490 | NCCI | NCCI Most extensive procedures |
| J1530 | J1500 | NCCI | NCCI Most extensive procedures |
| J1530 | J1510 | NCCI | NCCI Most extensive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 238 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| J1530 | J1520 | NCCI | NCCI Most extensive procedures |
| J1530 | J1530 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1530 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1530 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1530 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1540 | J1460 | NCCI | NCCI Most extensive procedures |
| J1540 | J1470 | NCCI | NCCI Most extensive procedures |
| J1540 | J1480 | NCCI | NCCI Most extensive procedures |
| J1540 | J1490 | NCCI | NCCI Most extensive procedures |
| J1540 | J1500 | NCCI | NCCI Most extensive procedures |
| J1540 | J1510 | NCCI | NCCI Most extensive procedures |
| J1540 | J1520 | NCCI | NCCI Most extensive procedures |
| J1540 | J1530 | NCCI | NCCI Most extensive procedures |
| J1540 | J1540 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1540 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1540 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1550 | J1460 | NCCI | NCCI Most extensive procedures |
| J1550 | J1470 | NCCI | NCCI Most extensive procedures |
| J1550 | J1480 | NCCI | NCCI Most extensive procedures |
| J1550 | J1490 | NCCI | NCCI Most extensive procedures |
| J1550 | J1500 | NCCI | NCCI Most extensive procedures |
| J1550 | J1510 | NCCI | NCCI Most extensive procedures |
| J1550 | J1520 | NCCI | NCCI Most extensive procedures |
| J1550 | J1530 | NCCI | NCCI Most extensive procedures |
| J1550 | J1540 | NCCI | NCCI Most extensive procedures |
| J1550 | J1550 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1550 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1560 | J1460 | NCCI | NCCI Most extensive procedures |
| J1560 | J1470 | NCCI | NCCI Most extensive procedures |
| J1560 | J1480 | NCCI | NCCI Most extensive procedures |
| J1560 | J1490 | NCCI | NCCI Most extensive procedures |
| J1560 | J1500 | NCCI | NCCI Most extensive procedures |
| J1560 | J1510 | NCCI | NCCI Most extensive procedures |
| J1560 | J1520 | NCCI | NCCI Most extensive procedures |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 239 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| J1560 | J1530 | NCCI | NCCI Most extensive procedures |
| J1560 | J1540 | NCCI | NCCI Most extensive procedures |
| J1560 | J1550 | NCCI | NCCI Most extensive procedures |
| J1560 | J1560 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1561 | J1561 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1562 | J1562 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1563 | 90283 | BCBST | This HCPCS code represents essentially the same or very similar immune globulin product as the listed CPT code. |
| J1564 | 90283 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| J1565 | J1565 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1566 | J1566 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1568 | J1568 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1569 | J1569 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1571 | J1571 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1572 | J1572 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1573 | J1573 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J1670 | J1670 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J2788 | 90384 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| J2788 | 90385 | BCBST | This code combination represents an incompatible linkage with conflicting, overlapping, or mutually exclusive elements. |
| J2788 | J2788 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J2788 | J2788 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| J2788 | J2792 | BCBST | The edited code is incompatible with the listed code in that it describes an alternative supply that is exclusive of the listed procedure. |
| J2790 | 90385 | NCCI | NCCI Refer to Specific Guidelines |
| J2790 | 90385 | NCCI | NCCI Most extensive procedures |
| J2790 | J2788 | CPT | Edited mini dose and listed full dose would not be administered on same DOS. |
| J2790 | J2788 | BCBST | This HCPCS code represents essentially the same or very similar immune globulin product as the listed CPT code. |
| J2790 | J2790 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J2790 | J2790 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 240 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| J2790 | J2792 | NCCI | NCCI Refer to Specific Guidelines |
| J2790 | J2792 | NCCI | NCCI Mutually exclusive procedures |
| J2791 | J2791 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J2792 | 90385 | NCCI | NCCI Refer to Specific Guidelines |
| J2792 | 90385 | NCCI | NCCI Most extensive procedures |
| J2792 | J2792 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J7504 | J7504 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J7511 | J7511 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| J9031 | J9031 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| K0001 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0001 | E0967 | BCBST | Edited code is a component of the listed code |
| K0001 | E0981 | BCBST | Edited code is a component of the listed code |
| K0001 | E0982 | BCBST | Edited code is a component of the listed code |
| K0001 | E0995 | BCBST | Edited code is a component of the listed code |
| K0001 | E2205 | BCBST | Edited code is a component of the listed code |
| K0001 | E2206 | BCBST | Edited code is a component of the listed code |
| K0001 | E2210 | BCBST | Edited code is a component of the listed code |
| K0001 | E2220 | BCBST | Edited code is a component of the listed code |
| K0001 | E2221 | BCBST | Edited code is a component of the listed code |
| K0001 | E2222 | BCBST | Edited code is a component of the listed code |
| K0001 | E2223 | BCBST | Edited code is a component of the listed code |
| K0001 | E2224 | BCBST | Edited code is a component of the listed code |
| K0001 | E2225 | BCBST | Edited code is a component of the listed code |
| K0001 | E2226 | BCBST | Edited code is a component of the listed code |
| K0001 | K0001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0001 | K0002 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 241 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0001 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0001 | K0015 | BCBST | Edited code is a component of the listed code |
| K0001 | K0017 | BCBST | Edited code is a component of the listed code |
| K0001 | K0018 | BCBST | Edited code is a component of the listed code |
| K0001 | K0019 | BCBST | Edited code is a component of the listed code |
| K0001 | K0042 | BCBST | Edited code is a component of the listed code |
| K0001 | K0043 | BCBST | Edited code is a component of the listed code |
| K0001 | K0044 | BCBST | Edited code is a component of the listed code |
| K0001 | K0045 | BCBST | Edited code is a component of the listed code |
| K0001 | K0046 | BCBST | Edited code is a component of the listed code |
| K0001 | K0047 | BCBST | Edited code is a component of the listed code |
| K0001 | K0050 | BCBST | Edited code is a component of the listed code |
| K0001 | K0052 | BCBST | Edited code is a component of the listed code |
| K0001 | K0069 | BCBST | Edited code is a component of the listed code |
| K0001 | K0070 | BCBST | Edited code is a component of the listed code |
| K0001 | K0071 | BCBST | Edited code is a component of the listed code |
| K0001 | K0072 | BCBST | Edited code is a component of the listed code |
| K0001 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0002 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0002 | E0967 | BCBST | Edited code is a component of the listed code |
| K0002 | E0981 | BCBST | Edited code is a component of the listed code |
| K0002 | E0982 | BCBST | Edited code is a component of the listed code |
| K0002 | E0995 | BCBST | Edited code is a component of the listed code |
| K0002 | E2205 | BCBST | Edited code is a component of the listed code |
| K0002 | E2206 | BCBST | Edited code is a component of the listed code |
| K0002 | E2210 | BCBST | Edited code is a component of the listed code |
| K0002 | E2220 | BCBST | Edited code is a component of the listed code |
| K0002 | E2221 | BCBST | Edited code is a component of the listed code |
| K0002 | E2222 | BCBST | Edited code is a component of the listed code |
| K0002 | E2223 | BCBST | Edited code is a component of the listed code |
| K0002 | E2224 | BCBST | Edited code is a component of the listed code |
| K0002 | E2225 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 242 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0002 | E2226 | BCBST | Edited code is a component of the listed code |
| K0002 | K0002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0002 | K0003 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0002 | K0015 | BCBST | Edited code is a component of the listed code |
| K0002 | K0017 | BCBST | Edited code is a component of the listed code |
| K0002 | K0018 | BCBST | Edited code is a component of the listed code |
| K0002 | K0019 | BCBST | Edited code is a component of the listed code |
| K0002 | K0042 | BCBST | Edited code is a component of the listed code |
| K0002 | K0043 | BCBST | Edited code is a component of the listed code |
| K0002 | K0044 | BCBST | Edited code is a component of the listed code |
| K0002 | K0045 | BCBST | Edited code is a component of the listed code |
| K0002 | K0046 | BCBST | Edited code is a component of the listed code |
| K0002 | K0047 | BCBST | Edited code is a component of the listed code |
| K0002 | K0050 | BCBST | Edited code is a component of the listed code |
| K0002 | K0052 | BCBST | Edited code is a component of the listed code |
| K0002 | K0069 | BCBST | Edited code is a component of the listed code |
| K0002 | K0070 | BCBST | Edited code is a component of the listed code |
| K0002 | K0071 | BCBST | Edited code is a component of the listed code |
| K0002 | K0072 | BCBST | Edited code is a component of the listed code |
| K0002 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0003 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0003 | E0967 | BCBST | Edited code is a component of the listed code |
| K0003 | E0981 | BCBST | Edited code is a component of the listed code |
| K0003 | E0982 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 243 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| K0003 | E0995 | BCBST | Edited code is a component of the listed code |
| K0003 | E2205 | BCBST | Edited code is a component of the listed code |
| K0003 | E2206 | BCBST | Edited code is a component of the listed code |
| K0003 | E2210 | BCBST | Edited code is a component of the listed code |
| K0003 | E2220 | BCBST | Edited code is a component of the listed code |
| K0003 | E2221 | BCBST | Edited code is a component of the listed code |
| K0003 | E2222 | BCBST | Edited code is a component of the listed code |
| K0003 | E2223 | BCBST | Edited code is a component of the listed code |
| K0003 | E2224 | BCBST | Edited code is a component of the listed code |
| K0003 | E2225 | BCBST | Edited code is a component of the listed code |
| K0003 | E2226 | BCBST | Edited code is a component of the listed code |
| K0003 | K0003 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0003 | K0004 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0003 | K0015 | BCBST | Edited code is a component of the listed code |
| K0003 | K0017 | BCBST | Edited code is a component of the listed code |
| K0003 | K0018 | BCBST | Edited code is a component of the listed code |
| K0003 | K0019 | BCBST | Edited code is a component of the listed code |
| K0003 | K0042 | BCBST | Edited code is a component of the listed code |
| K0003 | K0043 | BCBST | Edited code is a component of the listed code |
| K0003 | K0044 | BCBST | Edited code is a component of the listed code |
| K0003 | K0045 | BCBST | Edited code is a component of the listed code |
| K0003 | K0046 | BCBST | Edited code is a component of the listed code |
| K0003 | K0047 | BCBST | Edited code is a component of the listed code |
| K0003 | K0050 | BCBST | Edited code is a component of the listed code |
| K0003 | K0052 | BCBST | Edited code is a component of the listed code |
| K0003 | K0069 | BCBST | Edited code is a component of the listed code |
| K0003 | K0070 | BCBST | Edited code is a component of the listed code |
| K0003 | K0071 | BCBST | Edited code is a component of the listed code |
| K0003 | K0072 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 244 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0003 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0004 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0004 | E0967 | BCBST | Edited code is a component of the listed code |
| K0004 | E0981 | BCBST | Edited code is a component of the listed code |
| K0004 | E0982 | BCBST | Edited code is a component of the listed code |
| K0004 | E0995 | BCBST | Edited code is a component of the listed code |
| K0004 | E2205 | BCBST | Edited code is a component of the listed code |
| K0004 | E2206 | BCBST | Edited code is a component of the listed code |
| K0004 | E2210 | BCBST | Edited code is a component of the listed code |
| K0004 | E2220 | BCBST | Edited code is a component of the listed code |
| K0004 | E2221 | BCBST | Edited code is a component of the listed code |
| K0004 | E2222 | BCBST | Edited code is a component of the listed code |
| K0004 | E2223 | BCBST | Edited code is a component of the listed code |
| K0004 | E2224 | BCBST | Edited code is a component of the listed code |
| K0004 | E2225 | BCBST | Edited code is a component of the listed code |
| K0004 | E2226 | BCBST | Edited code is a component of the listed code |
| K0004 | K0004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0004 | K0005 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0004 | K0015 | BCBST | Edited code is a component of the listed code |
| K0004 | K0017 | BCBST | Edited code is a component of the listed code |
| K0004 | K0018 | BCBST | Edited code is a component of the listed code |
| K0004 | K0019 | BCBST | Edited code is a component of the listed code |
| K0004 | K0042 | BCBST | Edited code is a component of the listed code |
| K0004 | K0043 | BCBST | Edited code is a component of the listed code |
| K0004 | K0044 | BCBST | Edited code is a component of the listed code |
| K0004 | K0045 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 245 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0004 | K0046 | BCBST | Edited code is a component of the listed code |
| K0004 | K0047 | BCBST | Edited code is a component of the listed code |
| K0004 | K0050 | BCBST | Edited code is a component of the listed code |
| K0004 | K0052 | BCBST | Edited code is a component of the listed code |
| K0004 | K0069 | BCBST | Edited code is a component of the listed code |
| K0004 | K0070 | BCBST | Edited code is a component of the listed code |
| K0004 | K0071 | BCBST | Edited code is a component of the listed code |
| K0004 | K0072 | BCBST | Edited code is a component of the listed code |
| K0004 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0005 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0005 | E0967 | BCBST | Edited code is a component of the listed code |
| K0005 | E0981 | BCBST | Edited code is a component of the listed code |
| K0005 | E0982 | BCBST | Edited code is a component of the listed code |
| K0005 | E0995 | BCBST | Edited code is a component of the listed code |
| K0005 | E2205 | BCBST | Edited code is a component of the listed code |
| K0005 | E2206 | BCBST | Edited code is a component of the listed code |
| K0005 | E2210 | BCBST | Edited code is a component of the listed code |
| K0005 | E2220 | BCBST | Edited code is a component of the listed code |
| K0005 | E2221 | BCBST | Edited code is a component of the listed code |
| K0005 | E2222 | BCBST | Edited code is a component of the listed code |
| K0005 | E2223 | BCBST | Edited code is a component of the listed code |
| K0005 | E2224 | BCBST | Edited code is a component of the listed code |
| K0005 | E2225 | BCBST | Edited code is a component of the listed code |
| K0005 | E2226 | BCBST | Edited code is a component of the listed code |
| K0005 | K0005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0005 | K0006 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0005 | K0015 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 246 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0005 | K0017 | BCBST | Edited code is a component of the listed code |
| K0005 | K0018 | BCBST | Edited code is a component of the listed code |
| K0005 | K0019 | BCBST | Edited code is a component of the listed code |
| K0005 | K0042 | BCBST | Edited code is a component of the listed code |
| K0005 | K0043 | BCBST | Edited code is a component of the listed code |
| K0005 | K0044 | BCBST | Edited code is a component of the listed code |
| K0005 | K0045 | BCBST | Edited code is a component of the listed code |
| K0005 | K0046 | BCBST | Edited code is a component of the listed code |
| K0005 | K0047 | BCBST | Edited code is a component of the listed code |
| K0005 | K0050 | BCBST | Edited code is a component of the listed code |
| K0005 | K0052 | BCBST | Edited code is a component of the listed code |
| K0005 | K0069 | BCBST | Edited code is a component of the listed code |
| K0005 | K0070 | BCBST | Edited code is a component of the listed code |
| K0005 | K0071 | BCBST | Edited code is a component of the listed code |
| K0005 | K0072 | BCBST | Edited code is a component of the listed code |
| K0005 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0006 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0006 | E0967 | BCBST | Edited code is a component of the listed code |
| K0006 | E0981 | BCBST | Edited code is a component of the listed code |
| K0006 | E0982 | BCBST | Edited code is a component of the listed code |
| K0006 | E0995 | BCBST | Edited code is a component of the listed code |
| K0006 | E2205 | BCBST | Edited code is a component of the listed code |
| K0006 | E2206 | BCBST | Edited code is a component of the listed code |
| K0006 | E2210 | BCBST | Edited code is a component of the listed code |
| K0006 | E2220 | BCBST | Edited code is a component of the listed code |
| K0006 | E2221 | BCBST | Edited code is a component of the listed code |
| K0006 | E2222 | BCBST | Edited code is a component of the listed code |
| K0006 | E2223 | BCBST | Edited code is a component of the listed code |
| K0006 | E2224 | BCBST | Edited code is a component of the listed code |
| K0006 | E2225 | BCBST | Edited code is a component of the listed code |
| K0006 | E2226 | BCBST | Edited code is a component of the listed code |
| K0006 | K0006 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0006 | K0007 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 247 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0006 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0006 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0006 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0006 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0006 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0006 | K0015 | BCBST | Edited code is a component of the listed code |
| K0006 | K0017 | BCBST | Edited code is a component of the listed code |
| K0006 | K0018 | BCBST | Edited code is a component of the listed code |
| K0006 | K0019 | BCBST | Edited code is a component of the listed code |
| K0006 | K0042 | BCBST | Edited code is a component of the listed code |
| K0006 | K0043 | BCBST | Edited code is a component of the listed code |
| K0006 | K0044 | BCBST | Edited code is a component of the listed code |
| K0006 | K0045 | BCBST | Edited code is a component of the listed code |
| K0006 | K0046 | BCBST | Edited code is a component of the listed code |
| K0006 | K0047 | BCBST | Edited code is a component of the listed code |
| K0006 | K0050 | BCBST | Edited code is a component of the listed code |
| K0006 | K0052 | BCBST | Edited code is a component of the listed code |
| K0006 | K0069 | BCBST | Edited code is a component of the listed code |
| K0006 | K0070 | BCBST | Edited code is a component of the listed code |
| K0006 | K0071 | BCBST | Edited code is a component of the listed code |
| K0006 | K0072 | BCBST | Edited code is a component of the listed code |
| K0006 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0007 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0007 | E0967 | BCBST | Edited code is a component of the listed code |
| K0007 | E0981 | BCBST | Edited code is a component of the listed code |
| K0007 | E0982 | BCBST | Edited code is a component of the listed code |
| K0007 | E0995 | BCBST | Edited code is a component of the listed code |
| K0007 | E2205 | BCBST | Edited code is a component of the listed code |
| K0007 | E2206 | BCBST | Edited code is a component of the listed code |
| K0007 | E2210 | BCBST | Edited code is a component of the listed code |
| K0007 | E2220 | BCBST | Edited code is a component of the listed code |
| K0007 | E2221 | BCBST | Edited code is a component of the listed code |
| K0007 | E2222 | BCBST | Edited code is a component of the listed code |
| K0007 | E2223 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 248 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0007 | E2224 | BCBST | Edited code is a component of the listed code |
| K0007 | E2225 | BCBST | Edited code is a component of the listed code |
| K0007 | E2226 | BCBST | Edited code is a component of the listed code |
| K0007 | K0007 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0007 | K0009 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0007 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0007 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0007 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0007 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0007 | K0015 | BCBST | Edited code is a component of the listed code |
| K0007 | K0017 | BCBST | Edited code is a component of the listed code |
| K0007 | K0018 | BCBST | Edited code is a component of the listed code |
| K0007 | K0019 | BCBST | Edited code is a component of the listed code |
| K0007 | K0042 | BCBST | Edited code is a component of the listed code |
| K0007 | K0043 | BCBST | Edited code is a component of the listed code |
| K0007 | K0044 | BCBST | Edited code is a component of the listed code |
| K0007 | K0045 | BCBST | Edited code is a component of the listed code |
| K0007 | K0046 | BCBST | Edited code is a component of the listed code |
| K0007 | K0047 | BCBST | Edited code is a component of the listed code |
| K0007 | K0050 | BCBST | Edited code is a component of the listed code |
| K0007 | K0052 | BCBST | Edited code is a component of the listed code |
| K0007 | K0069 | BCBST | Edited code is a component of the listed code |
| K0007 | K0070 | BCBST | Edited code is a component of the listed code |
| K0007 | K0071 | BCBST | Edited code is a component of the listed code |
| K0007 | K0072 | BCBST | Edited code is a component of the listed code |
| K0009 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0009 | E0967 | BCBST | Edited code is a component of the listed code |
| K0009 | E0981 | BCBST | Edited code is a component of the listed code |
| K0009 | E0982 | BCBST | Edited code is a component of the listed code |
| K0009 | E0995 | BCBST | Edited code is a component of the listed code |
| K0009 | E2205 | BCBST | Edited code is a component of the listed code |
| K0009 | E2206 | BCBST | Edited code is a component of the listed code |
| K0009 | E2210 | BCBST | Edited code is a component of the listed code |
| K0009 | E2220 | BCBST | Edited code is a component of the listed code |
| K0009 | E2221 | BCBST | Edited code is a component of the listed code |
| K0009 | E2222 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 249 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0009 | E2223 | BCBST | Edited code is a component of the listed code |
| K0009 | E2224 | BCBST | Edited code is a component of the listed code |
| K0009 | E2225 | BCBST | Edited code is a component of the listed code |
| K0009 | E2226 | BCBST | Edited code is a component of the listed code |
| K0009 | K0009 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0009 | K0010 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0009 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0009 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0009 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0009 | K0015 | BCBST | Edited code is a component of the listed code |
| K0009 | K0017 | BCBST | Edited code is a component of the listed code |
| K0009 | K0018 | BCBST | Edited code is a component of the listed code |
| K0009 | K0019 | BCBST | Edited code is a component of the listed code |
| K0009 | K0042 | BCBST | Edited code is a component of the listed code |
| K0009 | K0043 | BCBST | Edited code is a component of the listed code |
| K0009 | K0044 | BCBST | Edited code is a component of the listed code |
| K0009 | K0045 | BCBST | Edited code is a component of the listed code |
| K0009 | K0046 | BCBST | Edited code is a component of the listed code |
| K0009 | K0047 | BCBST | Edited code is a component of the listed code |
| K0009 | K0050 | BCBST | Edited code is a component of the listed code |
| K0009 | K0052 | BCBST | Edited code is a component of the listed code |
| K0009 | K0069 | BCBST | Edited code is a component of the listed code |
| K0009 | K0070 | BCBST | Edited code is a component of the listed code |
| K0009 | K0071 | BCBST | Edited code is a component of the listed code |
| K0009 | K0072 | BCBST | Edited code is a component of the listed code |
| K0009 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0010 | K0010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0010 | K0011 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0010 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0010 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0011 | K0011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0011 | K0012 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0011 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0012 | K0012 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 250 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| K0012 | K0014 | BCBST | The edited wheelchair code is considered redundant to the listed wheelchair code. |
| K0014 | K0014 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0016 | K0018 | BCBST | The edited code is a component of the listed code. |
| K0020 | K0020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0025 | K0025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0028 | K0028 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0029 | K0029 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0030 | K0030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0045 | K0043 | BCBST | The edited code is a component of the listed code. Code K0043 and code K0044 rebundle to code K0045. |
| K0045 | K0044 | BCBST | The edited code is a component of the listed code. |
| K0045 | K0045 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0050 | K0050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0056 | K0056 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0066 | K0067 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0066 | K0068 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0069 | K0066 | BCBST | The edited code is considered an integral component of the listed code. |
| K0070 | K0067 | BCBST | The edited code is considered an integral component of the listed code. |
| K0070 | K0068 | BCBST | The edited code is considered an integral component of the listed code. |
| K0071 | K0074 | BCBST | The edited code is considered an integral component of the listed code. |
| K0071 | K0075 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0071 | K0076 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0072 | K0074 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0072 | K0075 | BCBST | The edited code is considered an integral component of the listed code. |
| K0072 | K0076 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0088 | K0088 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0089 | K0088 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0089 | K0089 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 251 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| K0098 | K0098 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0100 | K0100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0102 | K0102 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0103 | K0103 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0107 | K0107 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0108 | K0108 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0112 | K0112 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0112 | K0113 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0113 | K0113 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0195 | K0195 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0268 | K0268 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0452 | K0452 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0455 | K0455 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0460 | K0460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0461 | K0460 | BCBST | The listed and edited codes are mutually exclusive. |
| K0461 | K0461 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0462 | K0462 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0532 | K0532 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0533 | K0532 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0533 | K0533 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0534 | K0532 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0534 | K0533 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0534 | K0534 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0538 | K0538 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0541 | K0541 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 252 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0542 | K0541 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0542 | K0542 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0543 | K0541 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0543 | K0542 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0543 | K0543 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0544 | K0541 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0544 | K0542 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0544 | K0543 | BCBST | The listed and edited codes are mutually exclusive devices. One or the other, but not both, would typically be required for a patient. |
| K0544 | K0544 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0545 | K0545 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0546 | K0546 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0547 | K0547 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0556 | K0556 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0557 | K0557 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0558 | K0558 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0559 | K0559 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| K0813 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0813 | E0971 | BCBST | Edited code is a component of the listed code |
| K0813 | E0978 | BCBST | Edited code is a component of the listed code |
| K0813 | E0981 | BCBST | Edited code is a component of the listed code |
| K0813 | E0982 | BCBST | Edited code is a component of the listed code |
| K0813 | E0995 | BCBST | Edited code is a component of the listed code |
| K0813 | E1225 | BCBST | Edited code is a component of the listed code |
| K0813 | E2357 | BCBST | Edited code is a component of the listed code |
| K0813 | E2366 | BCBST | Edited code is a component of the listed code |
| K0813 | E2368 | BCBST | Edited code is a component of the listed code |
| K0813 | E2369 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 253 of 643

| K0813E2370BCBSTEdited code is a component of the listed codeK0813E2374BCBSTEdited code is a component of the listed codeK0813E2375BCBSTEdited code is a component of the listed codeK0813E2376BCBSTEdited code is a component of the listed codeK0813E2381BCBSTEdited code is a component of the listed codeK0813E2382BCBSTEdited code is a component of the listed codeK0813E2383BCBSTEdited code is a component of the listed codeK0813E2384BCBSTEdited code is a component of the listed codeK0813E2385BCBSTEdited code is a component of the listed codeK0813E2386BCBSTEdited code is a component of the listed codeK0813E2387BCBSTEdited code is a component of the listed codeK0813E2388BCBSTEdited code is a component of the listed codeK0813E2389BCBSTEdited code is a component of the listed codeK0813E2390BCBSTEdited code is a component of the listed codeK0813E2391BCBSTEdited code is a component of the listed codeK0813E2392BCBSTEdited code is a component of the listed codeK0813E2393BCBSTEdited code is a component of the listed codeK0813E2394BCBSTEdited code is a component of the listed codeK0813E2395BCBSTEdited code is a component of the listed codeK0813E2396BCBST </th <th>Comprehensive Code</th> <th>Component Code</th> <th>Source</th> <th>Rationale</th> | Comprehensive Code | Component Code | Source | Rationale |
|---|-----------------------|-------------------|--------|---|
| K0813 E2374 BCBST Edited code is a component of the listed code K0813 E2376 BCBST Edited code is a component of the listed code K0813 E2376 BCBST Edited code is a component of the listed code K0813 E2381 BCBST Edited code is a component of the listed code K0813 E2382 BCBST Edited code is a component of the listed code K0813 E2383 BCBST Edited code is a component of the listed code K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2385 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2387 BCBST Edited code is a component of the listed code K0813 E2388 BCBST Edited code is a component of the listed code K0813 E2389 BCBST Edited code is a component of the listed code K0813 E2390 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2393 BCBST Edited code is a component of the listed code K0813 E2393 BCBST Edited code is a component of the listed code K0813 E2394 BCBST Edited code is a component of the listed code K0813 E2395 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code | K0813 | E2370 | | |
| K0813 E2376 BCBST Edited code is a component of the listed code K0813 E2381 BCBST Edited code is a component of the listed code K0813 E2382 BCBST Edited code is a component of the listed code K0813 E2383 BCBST Edited code is a component of the listed code K0813 E2383 BCBST Edited code is a component of the listed code K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2385 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2387 BCBST Edited code is a component of the listed code K0813 E2388 BCBST Edited code is a component of the listed code K0813 E2389 BCBST Edited code is a component of the listed code K0813 E2390 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2393 BCBST Edited code is a component of the listed code K0813 E2394 BCBST Edited code is a component of the listed code K0813 E2395 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 K0015 BCBST Edited code is a component of the listed code | K0813 | | | • |
| K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2382 BCBST Edited code is a component of the listed code K0813 E2382 BCBST Edited code is a component of the listed code K0813 E2383 BCBST Edited code is a component of the listed code K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2385 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2387 BCBST Edited code is a component of the listed code K0813 E2388 BCBST Edited code is a component of the listed code K0813 E2389 BCBST Edited code is a component of the listed code K0813 E2390 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2393 BCBST Edited code is a component of the listed code K0813 E2394 BCBST Edited code is a component of the listed code K0813 E2395 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 K0015 BCBST Edited code is a component of the listed code | | - | | · |
| K0813 E2381 BCBST Edited code is a component of the listed code K0813 E2383 BCBST Edited code is a component of the listed code K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2384 BCBST Edited code is a component of the listed code K0813 E2385 BCBST Edited code is a component of the listed code K0813 E2386 BCBST Edited code is a component of the listed code K0813 E2387 BCBST Edited code is a component of the listed code K0813 E2388 BCBST Edited code is a component of the listed code K0813 E2389 BCBST Edited code is a component of the listed code K0813 E2390 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2391 BCBST Edited code is a component of the listed code K0813 E2393 BCBST Edited code is a component of the listed code K0813 E2394 BCBST Edited code is a component of the listed code K0813 E2395 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 E2396 BCBST Edited code is a component of the listed code K0813 K0015 BCBST Edited code is a component of the listed code | | | | • |
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| K0813E2396BCBSTEdited code is a component of the listed codeK0813K0015BCBSTEdited code is a component of the listed codeK0813K0017BCBSTEdited code is a component of the listed code | K0813 | E2394 | BCBST | Edited code is a component of the listed code |
| K0813 K0015 BCBST Edited code is a component of the listed code K0813 K0017 BCBST Edited code is a component of the listed code | K0813 | E2395 | BCBST | Edited code is a component of the listed code |
| K0813 K0017 BCBST Edited code is a component of the listed code | K0813 | E2396 | BCBST | Edited code is a component of the listed code |
| | K0813 | K0015 | BCBST | Edited code is a component of the listed code |
| K0813 K0018 BCBST Edited code is a component of the listed code | K0813 | K0017 | BCBST | Edited code is a component of the listed code |
| 10010 BOBOT Latted code is a component of the listed code | K0813 | K0018 | BCBST | Edited code is a component of the listed code |
| K0813 K0019 BCBST Edited code is a component of the listed code | K0813 | K0019 | BCBST | Edited code is a component of the listed code |
| K0813 K0020 BCBST Edited code is a component of the listed code | K0813 | K0020 | BCBST | Edited code is a component of the listed code |
| K0813 K0037 BCBST Edited code is a component of the listed code | K0813 | K0037 | BCBST | Edited code is a component of the listed code |
| K0813 K0040 BCBST Edited code is a component of the listed code | K0813 | K0040 | BCBST | Edited code is a component of the listed code |
| K0813 K0041 BCBST Edited code is a component of the listed code | K0813 | K0041 | BCBST | Edited code is a component of the listed code |
| K0813 K0042 BCBST Edited code is a component of the listed code | K0813 | K0042 | BCBST | Edited code is a component of the listed code |
| K0813 K0043 BCBST Edited code is a component of the listed code | K0813 | K0043 | BCBST | Edited code is a component of the listed code |
| K0813 K0044 BCBST Edited code is a component of the listed code | K0813 | K0044 | BCBST | Edited code is a component of the listed code |
| K0813 K0045 BCBST Edited code is a component of the listed code | K0813 | K0045 | BCBST | Edited code is a component of the listed code |
| K0813 K0046 BCBST Edited code is a component of the listed code | K0813 | K0046 | BCBST | Edited code is a component of the listed code |
| K0813 K0047 BCBST Edited code is a component of the listed code | K0813 | K0047 | BCBST | Edited code is a component of the listed code |
| K0813 K0051 BCBST Edited code is a component of the listed code | K0813 | K0051 | BCBST | Edited code is a component of the listed code |
| K0813 K0052 BCBST Edited code is a component of the listed code | K0813 | K0052 | BCBST | Edited code is a component of the listed code |
| K0813 K0098 BCBST Edited code is a component of the listed code | K0813 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 254 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0814 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0814 | E0971 | BCBST | Edited code is a component of the listed code |
| K0814 | E0978 | BCBST | Edited code is a component of the listed code |
| K0814 | E0981 | BCBST | Edited code is a component of the listed code |
| K0814 | E0982 | BCBST | Edited code is a component of the listed code |
| K0814 | E0995 | BCBST | Edited code is a component of the listed code |
| K0814 | E1225 | BCBST | Edited code is a component of the listed code |
| K0814 | E2357 | BCBST | Edited code is a component of the listed code |
| K0814 | E2366 | BCBST | Edited code is a component of the listed code |
| K0814 | E2368 | BCBST | Edited code is a component of the listed code |
| K0814 | E2369 | BCBST | Edited code is a component of the listed code |
| K0814 | E2370 | BCBST | Edited code is a component of the listed code |
| K0814 | E2374 | BCBST | Edited code is a component of the listed code |
| K0814 | E2375 | BCBST | Edited code is a component of the listed code |
| K0814 | E2376 | BCBST | Edited code is a component of the listed code |
| K0814 | E2381 | BCBST | Edited code is a component of the listed code |
| K0814 | E2382 | BCBST | Edited code is a component of the listed code |
| K0814 | E2383 | BCBST | Edited code is a component of the listed code |
| K0814 | E2384 | BCBST | Edited code is a component of the listed code |
| K0814 | E2385 | BCBST | Edited code is a component of the listed code |
| K0814 | E2386 | BCBST | Edited code is a component of the listed code |
| K0814 | E2387 | BCBST | Edited code is a component of the listed code |
| K0814 | E2388 | BCBST | Edited code is a component of the listed code |
| K0814 | E2389 | BCBST | Edited code is a component of the listed code |
| K0814 | E2390 | BCBST | Edited code is a component of the listed code |
| K0814 | E2391 | BCBST | Edited code is a component of the listed code |
| K0814 | E2392 | BCBST | Edited code is a component of the listed code |
| K0814 | E2393 | BCBST | Edited code is a component of the listed code |
| K0814 | E2394 | BCBST | Edited code is a component of the listed code |
| K0814 | E2395 | BCBST | Edited code is a component of the listed code |
| K0814 | E2396 | BCBST | Edited code is a component of the listed code |
| K0814 | K0015 | BCBST | Edited code is a component of the listed code |
| K0814 | K0017 | BCBST | Edited code is a component of the listed code |
| K0814 | K0018 | BCBST | Edited code is a component of the listed code |
| K0814 | K0019 | BCBST | Edited code is a component of the listed code |
| K0814 | K0020 | BCBST | Edited code is a component of the listed code |
| K0814 | K0037 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 255 of 643

| | • | | • |
|-----------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| K0814 | K0040 | BCBST | Edited code is a component of the listed code |
| K0814 | K0041 | BCBST | Edited code is a component of the listed code |
| K0814 | K0042 | BCBST | Edited code is a component of the listed code |
| K0814 | K0043 | BCBST | Edited code is a component of the listed code |
| K0814 | K0044 | BCBST | Edited code is a component of the listed code |
| K0814 | K0045 | BCBST | Edited code is a component of the listed code |
| K0814 | K0046 | BCBST | Edited code is a component of the listed code |
| K0814 | K0047 | BCBST | Edited code is a component of the listed code |
| K0814 | K0051 | BCBST | Edited code is a component of the listed code |
| K0814 | K0052 | BCBST | Edited code is a component of the listed code |
| K0814 | K0098 | BCBST | Edited code is a component of the listed code |
| K0814 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0815 | E0971 | BCBST | Edited code is a component of the listed code |
| K0815 | E0978 | BCBST | Edited code is a component of the listed code |
| K0815 | E0981 | BCBST | Edited code is a component of the listed code |
| K0815 | E0982 | BCBST | Edited code is a component of the listed code |
| K0815 | E0995 | BCBST | Edited code is a component of the listed code |
| K0815 | E1225 | BCBST | Edited code is a component of the listed code |
| K0815 | E2357 | BCBST | Edited code is a component of the listed code |
| K0815 | E2366 | BCBST | Edited code is a component of the listed code |
| K0815 | E2368 | BCBST | Edited code is a component of the listed code |
| K0815 | E2369 | BCBST | Edited code is a component of the listed code |
| K0815 | E2370 | BCBST | Edited code is a component of the listed code |
| K0815 | E2374 | BCBST | Edited code is a component of the listed code |
| K0815 | E2375 | BCBST | Edited code is a component of the listed code |
| K0815 | E2376 | BCBST | Edited code is a component of the listed code |
| K0815 | E2381 | BCBST | Edited code is a component of the listed code |
| K0815 | E2382 | BCBST | Edited code is a component of the listed code |
| K0815 | E2383 | BCBST | Edited code is a component of the listed code |
| K0815 | E2384 | BCBST | Edited code is a component of the listed code |
| K0815 | E2385 | BCBST | Edited code is a component of the listed code |
| K0815 | E2386 | BCBST | Edited code is a component of the listed code |
| K0815 | E2387 | BCBST | Edited code is a component of the listed code |
| K0815 | E2388 | BCBST | Edited code is a component of the listed code |
| K0815 | E2389 | BCBST | Edited code is a component of the listed code |
| K0815 | E2390 | BCBST | Edited code is a component of the listed code |
| K0815 | E2391 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 256 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0815 | E2392 | BCBST | Edited code is a component of the listed code |
| K0815 | E2393 | BCBST | Edited code is a component of the listed code |
| K0815 | E2394 | BCBST | Edited code is a component of the listed code |
| K0815 | E2395 | BCBST | Edited code is a component of the listed code |
| K0815 | E2396 | BCBST | Edited code is a component of the listed code |
| K0815 | K0015 | BCBST | Edited code is a component of the listed code |
| K0815 | K0017 | BCBST | Edited code is a component of the listed code |
| K0815 | K0018 | BCBST | Edited code is a component of the listed code |
| K0815 | K0019 | BCBST | Edited code is a component of the listed code |
| K0815 | K0020 | BCBST | Edited code is a component of the listed code |
| K0815 | K0037 | BCBST | Edited code is a component of the listed code |
| K0815 | K0040 | BCBST | Edited code is a component of the listed code |
| K0815 | K0041 | BCBST | Edited code is a component of the listed code |
| K0815 | K0042 | BCBST | Edited code is a component of the listed code |
| K0815 | K0043 | BCBST | Edited code is a component of the listed code |
| K0815 | K0044 | BCBST | Edited code is a component of the listed code |
| K0815 | K0045 | BCBST | Edited code is a component of the listed code |
| K0815 | K0046 | BCBST | Edited code is a component of the listed code |
| K0815 | K0047 | BCBST | Edited code is a component of the listed code |
| K0815 | K0051 | BCBST | Edited code is a component of the listed code |
| K0815 | K0052 | BCBST | Edited code is a component of the listed code |
| K0815 | K0098 | BCBST | Edited code is a component of the listed code |
| K0815 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0816 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0816 | E0971 | BCBST | Edited code is a component of the listed code |
| K0816 | E0978 | BCBST | Edited code is a component of the listed code |
| K0816 | E0981 | BCBST | Edited code is a component of the listed code |
| K0816 | E0982 | BCBST | Edited code is a component of the listed code |
| K0816 | E0995 | BCBST | Edited code is a component of the listed code |
| K0816 | E1225 | BCBST | Edited code is a component of the listed code |
| K0816 | E2357 | BCBST | Edited code is a component of the listed code |
| K0816 | E2366 | BCBST | Edited code is a component of the listed code |
| K0816 | E2368 | BCBST | Edited code is a component of the listed code |
| K0816 | E2369 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 257 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0816 | E2370 | BCBST | Edited code is a component of the listed code |
| K0816 | E2374 | BCBST | Edited code is a component of the listed code |
| K0816 | E2375 | BCBST | Edited code is a component of the listed code |
| K0816 | E2376 | BCBST | Edited code is a component of the listed code |
| K0816 | E2381 | BCBST | Edited code is a component of the listed code |
| K0816 | E2382 | BCBST | Edited code is a component of the listed code |
| K0816 | E2383 | BCBST | Edited code is a component of the listed code |
| K0816 | E2384 | BCBST | Edited code is a component of the listed code |
| K0816 | E2385 | BCBST | Edited code is a component of the listed code |
| K0816 | E2386 | BCBST | Edited code is a component of the listed code |
| K0816 | E2387 | BCBST | Edited code is a component of the listed code |
| K0816 | E2388 | BCBST | Edited code is a component of the listed code |
| K0816 | E2389 | BCBST | Edited code is a component of the listed code |
| K0816 | E2390 | BCBST | Edited code is a component of the listed code |
| K0816 | E2391 | BCBST | Edited code is a component of the listed code |
| K0816 | E2392 | BCBST | Edited code is a component of the listed code |
| K0816 | E2393 | BCBST | Edited code is a component of the listed code |
| K0816 | E2394 | BCBST | Edited code is a component of the listed code |
| K0816 | E2395 | BCBST | Edited code is a component of the listed code |
| K0816 | E2396 | BCBST | Edited code is a component of the listed code |
| K0816 | K0015 | BCBST | Edited code is a component of the listed code |
| K0816 | K0017 | BCBST | Edited code is a component of the listed code |
| K0816 | K0018 | BCBST | Edited code is a component of the listed code |
| K0816 | K0019 | BCBST | Edited code is a component of the listed code |
| K0816 | K0020 | BCBST | Edited code is a component of the listed code |
| K0816 | K0037 | BCBST | Edited code is a component of the listed code |
| K0816 | K0040 | BCBST | Edited code is a component of the listed code |
| K0816 | K0041 | BCBST | Edited code is a component of the listed code |
| K0816 | K0042 | BCBST | Edited code is a component of the listed code |
| K0816 | K0043 | BCBST | Edited code is a component of the listed code |
| K0816 | K0044 | BCBST | Edited code is a component of the listed code |
| K0816 | K0045 | BCBST | Edited code is a component of the listed code |
| K0816 | K0046 | BCBST | Edited code is a component of the listed code |
| K0816 | K0047 | BCBST | Edited code is a component of the listed code |
| K0816 | K0051 | BCBST | Edited code is a component of the listed code |
| K0816 | K0052 | BCBST | Edited code is a component of the listed code |
| K0816 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 258 of 643

| | _ | | , , , , , , , , , , , , , , , , , , , |
|-----------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| K0816 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0820 | A9901 | BCBST | BCBST Provider Administration Manual V1-77 The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and on-going assistance with the item. Thes services including mileage are not separately billable. |
| K0820 | E0971 | BCBST | Edited code is a component of the listed code |
| K0820 | E0978 | BCBST | Edited code is a component of the listed code |
| K0820 | E0981 | BCBST | Edited code is a component of the listed code |
| K0820 | E0982 | BCBST | Edited code is a component of the listed code |
| K0820 | E0995 | BCBST | Edited code is a component of the listed code |
| K0820 | E1225 | BCBST | Edited code is a component of the listed code |
| K0820 | E2357 | BCBST | Edited code is a component of the listed code |
| K0820 | E2366 | BCBST | Edited code is a component of the listed code |
| K0820 | E2368 | BCBST | Edited code is a component of the listed code |
| K0820 | E2369 | BCBST | Edited code is a component of the listed code |
| K0820 | E2370 | BCBST | Edited code is a component of the listed code |
| K0820 | E2374 | BCBST | Edited code is a component of the listed code |
| K0820 | E2375 | BCBST | Edited code is a component of the listed code |
| K0820 | E2376 | BCBST | Edited code is a component of the listed code |
| K0820 | E2381 | BCBST | Edited code is a component of the listed code |
| K0820 | E2382 | BCBST | Edited code is a component of the listed code |
| K0820 | E2383 | BCBST | Edited code is a component of the listed code |
| K0820 | E2384 | BCBST | Edited code is a component of the listed code |
| K0820 | E2385 | BCBST | Edited code is a component of the listed code |
| K0820 | E2386 | BCBST | Edited code is a component of the listed code |
| K0820 | E2387 | BCBST | Edited code is a component of the listed code |
| K0820 | E2388 | BCBST | Edited code is a component of the listed code |
| K0820 | E2389 | BCBST | Edited code is a component of the listed code |
| K0820 | E2390 | BCBST | Edited code is a component of the listed code |
| K0820 | E2391 | BCBST | Edited code is a component of the listed code |
| K0820 | E2392 | BCBST | Edited code is a component of the listed code |
| K0820 | E2393 | BCBST | Edited code is a component of the listed code |
| K0820 | E2394 | BCBST | Edited code is a component of the listed code |
| K0820 | E2395 | BCBST | Edited code is a component of the listed code |
| K0820 | E2396 | BCBST | Edited code is a component of the listed code |
| K0820 | K0015 | BCBST | Edited code is a component of the listed code |
| K0820 | K0017 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 259 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0820 | K0018 | BCBST | Edited code is a component of the listed code |
| K0820 | K0019 | BCBST | Edited code is a component of the listed code |
| K0820 | K0020 | BCBST | Edited code is a component of the listed code |
| K0820 | K0037 | BCBST | Edited code is a component of the listed code |
| K0820 | K0040 | BCBST | Edited code is a component of the listed code |
| K0820 | K0041 | BCBST | Edited code is a component of the listed code |
| K0820 | K0042 | BCBST | Edited code is a component of the listed code |
| K0820 | K0043 | BCBST | Edited code is a component of the listed code |
| K0820 | K0044 | BCBST | Edited code is a component of the listed code |
| K0820 | K0045 | BCBST | Edited code is a component of the listed code |
| K0820 | K0046 | BCBST | Edited code is a component of the listed code |
| K0820 | K0047 | BCBST | Edited code is a component of the listed code |
| K0820 | K0051 | BCBST | Edited code is a component of the listed code |
| K0820 | K0052 | BCBST | Edited code is a component of the listed code |
| K0820 | K0098 | BCBST | Edited code is a component of the listed code |
| K0820 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0821 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0821 | E0971 | BCBST | Edited code is a component of the listed code |
| K0821 | E0978 | BCBST | Edited code is a component of the listed code |
| K0821 | E0981 | BCBST | Edited code is a component of the listed code |
| K0821 | E0982 | BCBST | Edited code is a component of the listed code |
| K0821 | E0995 | BCBST | Edited code is a component of the listed code |
| K0821 | E1225 | BCBST | Edited code is a component of the listed code |
| K0821 | E2357 | BCBST | Edited code is a component of the listed code |
| K0821 | E2366 | BCBST | Edited code is a component of the listed code |
| K0821 | E2368 | BCBST | Edited code is a component of the listed code |
| K0821 | E2369 | BCBST | Edited code is a component of the listed code |
| K0821 | E2370 | BCBST | Edited code is a component of the listed code |
| K0821 | E2374 | BCBST | Edited code is a component of the listed code |
| K0821 | E2375 | BCBST | Edited code is a component of the listed code |
| K0821 | E2376 | BCBST | Edited code is a component of the listed code |
| K0821 | E2381 | BCBST | Edited code is a component of the listed code |
| K0821 | E2382 | BCBST | Edited code is a component of the listed code |
| K0821 | E2383 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 260 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0821 | E2384 | BCBST | Edited code is a component of the listed code |
| K0821 | E2385 | BCBST | Edited code is a component of the listed code |
| K0821 | E2386 | BCBST | Edited code is a component of the listed code |
| K0821 | E2387 | BCBST | Edited code is a component of the listed code |
| K0821 | E2388 | BCBST | Edited code is a component of the listed code |
| K0821 | E2389 | BCBST | Edited code is a component of the listed code |
| K0821 | E2390 | BCBST | Edited code is a component of the listed code |
| K0821 | E2391 | BCBST | Edited code is a component of the listed code |
| K0821 | E2392 | BCBST | Edited code is a component of the listed code |
| K0821 | E2393 | BCBST | Edited code is a component of the listed code |
| K0821 | E2394 | BCBST | Edited code is a component of the listed code |
| K0821 | E2395 | BCBST | Edited code is a component of the listed code |
| K0821 | E2396 | BCBST | Edited code is a component of the listed code |
| K0821 | K0015 | BCBST | Edited code is a component of the listed code |
| K0821 | K0017 | BCBST | Edited code is a component of the listed code |
| K0821 | K0018 | BCBST | Edited code is a component of the listed code |
| K0821 | K0019 | BCBST | Edited code is a component of the listed code |
| K0821 | K0020 | BCBST | Edited code is a component of the listed code |
| K0821 | K0037 | BCBST | Edited code is a component of the listed code |
| K0821 | K0040 | BCBST | Edited code is a component of the listed code |
| K0821 | K0041 | BCBST | Edited code is a component of the listed code |
| K0821 | K0042 | BCBST | Edited code is a component of the listed code |
| K0821 | K0043 | BCBST | Edited code is a component of the listed code |
| K0821 | K0044 | BCBST | Edited code is a component of the listed code |
| K0821 | K0045 | BCBST | Edited code is a component of the listed code |
| K0821 | K0046 | BCBST | Edited code is a component of the listed code |
| K0821 | K0047 | BCBST | Edited code is a component of the listed code |
| K0821 | K0051 | BCBST | Edited code is a component of the listed code |
| K0821 | K0052 | BCBST | Edited code is a component of the listed code |
| K0821 | K0098 | BCBST | Edited code is a component of the listed code |
| K0821 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0822 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0822 | E0971 | BCBST | Edited code is a component of the listed code |
| K0822 | E0978 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 261 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0822 | E0981 | BCBST | Edited code is a component of the listed code |
| K0822 | E0982 | BCBST | Edited code is a component of the listed code |
| K0822 | E0995 | BCBST | Edited code is a component of the listed code |
| K0822 | E1225 | BCBST | Edited code is a component of the listed code |
| K0822 | E2357 | BCBST | Edited code is a component of the listed code |
| K0822 | E2366 | BCBST | Edited code is a component of the listed code |
| K0822 | E2368 | BCBST | Edited code is a component of the listed code |
| K0822 | E2369 | BCBST | Edited code is a component of the listed code |
| K0822 | E2370 | BCBST | Edited code is a component of the listed code |
| K0822 | E2374 | BCBST | Edited code is a component of the listed code |
| K0822 | E2375 | BCBST | Edited code is a component of the listed code |
| K0822 | E2376 | BCBST | Edited code is a component of the listed code |
| K0822 | E2381 | BCBST | Edited code is a component of the listed code |
| K0822 | E2382 | BCBST | Edited code is a component of the listed code |
| K0822 | E2383 | BCBST | Edited code is a component of the listed code |
| K0822 | E2384 | BCBST | Edited code is a component of the listed code |
| K0822 | E2385 | BCBST | Edited code is a component of the listed code |
| K0822 | E2386 | BCBST | Edited code is a component of the listed code |
| K0822 | E2387 | BCBST | Edited code is a component of the listed code |
| K0822 | E2388 | BCBST | Edited code is a component of the listed code |
| K0822 | E2389 | BCBST | Edited code is a component of the listed code |
| K0822 | E2390 | BCBST | Edited code is a component of the listed code |
| K0822 | E2391 | BCBST | Edited code is a component of the listed code |
| K0822 | E2392 | BCBST | Edited code is a component of the listed code |
| K0822 | E2393 | BCBST | Edited code is a component of the listed code |
| K0822 | E2394 | BCBST | Edited code is a component of the listed code |
| K0822 | E2395 | BCBST | Edited code is a component of the listed code |
| K0822 | E2396 | BCBST | Edited code is a component of the listed code |
| K0822 | K0015 | BCBST | Edited code is a component of the listed code |
| K0822 | K0017 | BCBST | Edited code is a component of the listed code |
| K0822 | K0018 | BCBST | Edited code is a component of the listed code |
| K0822 | K0019 | BCBST | Edited code is a component of the listed code |
| K0822 | K0020 | BCBST | Edited code is a component of the listed code |
| K0822 | K0037 | BCBST | Edited code is a component of the listed code |
| K0822 | K0040 | BCBST | Edited code is a component of the listed code |
| K0822 | K0041 | BCBST | Edited code is a component of the listed code |
| K0822 | K0042 | BCBST | Edited code is a component of the listed code |
| K0822 | K0043 | BCBST | Edited code is a component of the listed code |
| K0822 | K0044 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 262 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0822 | K0045 | BCBST | Edited code is a component of the listed code |
| K0822 | K0046 | BCBST | Edited code is a component of the listed code |
| K0822 | K0047 | BCBST | Edited code is a component of the listed code |
| K0822 | K0051 | BCBST | Edited code is a component of the listed code |
| K0822 | K0052 | BCBST | Edited code is a component of the listed code |
| K0822 | K0098 | BCBST | Edited code is a component of the listed code |
| K0822 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0823 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0823 | E0971 | BCBST | Edited code is a component of the listed code |
| K0823 | E0978 | BCBST | Edited code is a component of the listed code |
| K0823 | E0981 | BCBST | Edited code is a component of the listed code |
| K0823 | E0982 | BCBST | Edited code is a component of the listed code |
| K0823 | E0995 | BCBST | Edited code is a component of the listed code |
| K0823 | E1225 | BCBST | Edited code is a component of the listed code |
| K0823 | E2357 | BCBST | Edited code is a component of the listed code |
| K0823 | E2366 | BCBST | Edited code is a component of the listed code |
| K0823 | E2368 | BCBST | Edited code is a component of the listed code |
| K0823 | E2369 | BCBST | Edited code is a component of the listed code |
| K0823 | E2370 | BCBST | Edited code is a component of the listed code |
| K0823 | E2374 | BCBST | Edited code is a component of the listed code |
| K0823 | E2375 | BCBST | Edited code is a component of the listed code |
| K0823 | E2376 | BCBST | Edited code is a component of the listed code |
| K0823 | E2381 | BCBST | Edited code is a component of the listed code |
| K0823 | E2382 | BCBST | Edited code is a component of the listed code |
| K0823 | E2383 | BCBST | Edited code is a component of the listed code |
| K0823 | E2384 | BCBST | Edited code is a component of the listed code |
| K0823 | E2385 | BCBST | Edited code is a component of the listed code |
| K0823 | E2386 | BCBST | Edited code is a component of the listed code |
| K0823 | E2387 | BCBST | Edited code is a component of the listed code |
| K0823 | E2388 | BCBST | Edited code is a component of the listed code |
| K0823 | E2389 | BCBST | Edited code is a component of the listed code |
| K0823 | E2390 | BCBST | Edited code is a component of the listed code |
| K0823 | E2391 | BCBST | Edited code is a component of the listed code |
| K0823 | E2392 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 263 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0823 | E2393 | BCBST | Edited code is a component of the listed code |
| K0823 | E2394 | BCBST | Edited code is a component of the listed code |
| K0823 | E2395 | BCBST | Edited code is a component of the listed code |
| K0823 | E2396 | BCBST | Edited code is a component of the listed code |
| K0823 | K0015 | BCBST | Edited code is a component of the listed code |
| K0823 | K0017 | BCBST | Edited code is a component of the listed code |
| K0823 | K0018 | BCBST | Edited code is a component of the listed code |
| K0823 | K0019 | BCBST | Edited code is a component of the listed code |
| K0823 | K0020 | BCBST | Edited code is a component of the listed code |
| K0823 | K0037 | BCBST | Edited code is a component of the listed code |
| K0823 | K0040 | BCBST | Edited code is a component of the listed code |
| K0823 | K0041 | BCBST | Edited code is a component of the listed code |
| K0823 | K0042 | BCBST | Edited code is a component of the listed code |
| K0823 | K0043 | BCBST | Edited code is a component of the listed code |
| K0823 | K0044 | BCBST | Edited code is a component of the listed code |
| K0823 | K0045 | BCBST | Edited code is a component of the listed code |
| K0823 | K0046 | BCBST | Edited code is a component of the listed code |
| K0823 | K0047 | BCBST | Edited code is a component of the listed code |
| K0823 | K0051 | BCBST | Edited code is a component of the listed code |
| K0823 | K0052 | BCBST | Edited code is a component of the listed code |
| K0823 | K0098 | BCBST | Edited code is a component of the listed code |
| K0823 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0824 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0824 | E0971 | BCBST | Edited code is a component of the listed code |
| K0824 | E0978 | BCBST | Edited code is a component of the listed code |
| K0824 | E0981 | BCBST | Edited code is a component of the listed code |
| K0824 | E0982 | BCBST | Edited code is a component of the listed code |
| K0824 | E0995 | BCBST | Edited code is a component of the listed code |
| K0824 | E1225 | BCBST | Edited code is a component of the listed code |
| K0824 | E2357 | BCBST | Edited code is a component of the listed code |
| K0824 | E2366 | BCBST | Edited code is a component of the listed code |
| K0824 | E2368 | BCBST | Edited code is a component of the listed code |
| K0824 | E2369 | BCBST | Edited code is a component of the listed code |
| K0824 | E2370 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 264 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0824 | E2374 | BCBST | Edited code is a component of the listed code |
| K0824 | E2375 | BCBST | Edited code is a component of the listed code |
| K0824 | E2376 | BCBST | Edited code is a component of the listed code |
| K0824 | E2381 | BCBST | Edited code is a component of the listed code |
| K0824 | E2382 | BCBST | Edited code is a component of the listed code |
| K0824 | E2383 | BCBST | Edited code is a component of the listed code |
| K0824 | E2384 | BCBST | Edited code is a component of the listed code |
| K0824 | E2385 | BCBST | Edited code is a component of the listed code |
| K0824 | E2386 | BCBST | Edited code is a component of the listed code |
| K0824 | E2387 | BCBST | Edited code is a component of the listed code |
| K0824 | E2388 | BCBST | Edited code is a component of the listed code |
| K0824 | E2389 | BCBST | Edited code is a component of the listed code |
| K0824 | E2390 | BCBST | Edited code is a component of the listed code |
| K0824 | E2391 | BCBST | Edited code is a component of the listed code |
| K0824 | E2392 | BCBST | Edited code is a component of the listed code |
| K0824 | E2393 | BCBST | Edited code is a component of the listed code |
| K0824 | E2394 | BCBST | Edited code is a component of the listed code |
| K0824 | E2395 | BCBST | Edited code is a component of the listed code |
| K0824 | E2396 | BCBST | Edited code is a component of the listed code |
| K0824 | K0015 | BCBST | Edited code is a component of the listed code |
| K0824 | K0017 | BCBST | Edited code is a component of the listed code |
| K0824 | K0018 | BCBST | Edited code is a component of the listed code |
| K0824 | K0019 | BCBST | Edited code is a component of the listed code |
| K0824 | K0020 | BCBST | Edited code is a component of the listed code |
| K0824 | K0037 | BCBST | Edited code is a component of the listed code |
| K0824 | K0040 | BCBST | Edited code is a component of the listed code |
| K0824 | K0041 | BCBST | Edited code is a component of the listed code |
| K0824 | K0042 | BCBST | Edited code is a component of the listed code |
| K0824 | K0043 | BCBST | Edited code is a component of the listed code |
| K0824 | K0044 | BCBST | Edited code is a component of the listed code |
| K0824 | K0045 | BCBST | Edited code is a component of the listed code |
| K0824 | K0046 | BCBST | Edited code is a component of the listed code |
| K0824 | K0047 | BCBST | Edited code is a component of the listed code |
| K0824 | K0051 | BCBST | Edited code is a component of the listed code |
| K0824 | K0052 | BCBST | Edited code is a component of the listed code |
| K0824 | K0098 | BCBST | Edited code is a component of the listed code |
| K0824 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Source: PNC-CARR Page 265 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0825 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0825 | E0971 | BCBST | Edited code is a component of the listed code |
| K0825 | E0978 | BCBST | Edited code is a component of the listed code |
| K0825 | E0981 | BCBST | Edited code is a component of the listed code |
| K0825 | E0982 | BCBST | Edited code is a component of the listed code |
| K0825 | E0995 | BCBST | Edited code is a component of the listed code |
| K0825 | E1225 | BCBST | Edited code is a component of the listed code |
| K0825 | E2357 | BCBST | Edited code is a component of the listed code |
| K0825 | E2366 | BCBST | Edited code is a component of the listed code |
| K0825 | E2368 | BCBST | Edited code is a component of the listed code |
| K0825 | E2369 | BCBST | Edited code is a component of the listed code |
| K0825 | E2370 | BCBST | Edited code is a component of the listed code |
| K0825 | E2374 | BCBST | Edited code is a component of the listed code |
| K0825 | E2375 | BCBST | Edited code is a component of the listed code |
| K0825 | E2376 | BCBST | Edited code is a component of the listed code |
| K0825 | E2381 | BCBST | Edited code is a component of the listed code |
| K0825 | E2382 | BCBST | Edited code is a component of the listed code |
| K0825 | E2383 | BCBST | Edited code is a component of the listed code |
| K0825 | E2384 | BCBST | Edited code is a component of the listed code |
| K0825 | E2385 | BCBST | Edited code is a component of the listed code |
| K0825 | E2386 | BCBST | Edited code is a component of the listed code |
| K0825 | E2387 | BCBST | Edited code is a component of the listed code |
| K0825 | E2388 | BCBST | Edited code is a component of the listed code |
| K0825 | E2389 | BCBST | Edited code is a component of the listed code |
| K0825 | E2390 | BCBST | Edited code is a component of the listed code |
| K0825 | E2391 | BCBST | Edited code is a component of the listed code |
| K0825 | E2392 | BCBST | Edited code is a component of the listed code |
| K0825 | E2393 | BCBST | Edited code is a component of the listed code |
| K0825 | E2394 | BCBST | Edited code is a component of the listed code |
| K0825 | E2395 | BCBST | Edited code is a component of the listed code |
| K0825 | E2396 | BCBST | Edited code is a component of the listed code |
| K0825 | K0015 | BCBST | Edited code is a component of the listed code |
| K0825 | K0017 | BCBST | Edited code is a component of the listed code |
| K0825 | K0018 | BCBST | Edited code is a component of the listed code |
| K0825 | K0019 | BCBST | Edited code is a component of the listed code |
| K0825 | K0020 | BCBST | Edited code is a component of the listed code |
| K0825 | K0037 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 266 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0825 | K0040 | BCBST | Edited code is a component of the listed code |
| K0825 | K0041 | BCBST | Edited code is a component of the listed code |
| K0825 | K0042 | BCBST | Edited code is a component of the listed code |
| K0825 | K0043 | BCBST | Edited code is a component of the listed code |
| K0825 | K0044 | BCBST | Edited code is a component of the listed code |
| K0825 | K0045 | BCBST | Edited code is a component of the listed code |
| K0825 | K0046 | BCBST | Edited code is a component of the listed code |
| K0825 | K0047 | BCBST | Edited code is a component of the listed code |
| K0825 | K0051 | BCBST | Edited code is a component of the listed code |
| K0825 | K0052 | BCBST | Edited code is a component of the listed code |
| K0825 | K0098 | BCBST | Edited code is a component of the listed code |
| K0825 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0826 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0826 | E0971 | BCBST | Edited code is a component of the listed code |
| K0826 | E0978 | BCBST | Edited code is a component of the listed code |
| K0826 | E0981 | BCBST | Edited code is a component of the listed code |
| K0826 | E0982 | BCBST | Edited code is a component of the listed code |
| K0826 | E0995 | BCBST | Edited code is a component of the listed code |
| K0826 | E1225 | BCBST | Edited code is a component of the listed code |
| K0826 | E2357 | BCBST | Edited code is a component of the listed code |
| K0826 | E2366 | BCBST | Edited code is a component of the listed code |
| K0826 | E2368 | BCBST | Edited code is a component of the listed code |
| K0826 | E2369 | BCBST | Edited code is a component of the listed code |
| K0826 | E2370 | BCBST | Edited code is a component of the listed code |
| K0826 | E2374 | BCBST | Edited code is a component of the listed code |
| K0826 | E2375 | BCBST | Edited code is a component of the listed code |
| K0826 | E2376 | BCBST | Edited code is a component of the listed code |
| K0826 | E2381 | BCBST | Edited code is a component of the listed code |
| K0826 | E2382 | BCBST | Edited code is a component of the listed code |
| K0826 | E2383 | BCBST | Edited code is a component of the listed code |
| K0826 | E2384 | BCBST | Edited code is a component of the listed code |
| K0826 | E2385 | BCBST | Edited code is a component of the listed code |
| K0826 | E2386 | BCBST | Edited code is a component of the listed code |
| K0826 | E2387 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 267 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0826 | E2388 | BCBST | Edited code is a component of the listed code |
| K0826 | E2389 | BCBST | Edited code is a component of the listed code |
| K0826 | E2390 | BCBST | Edited code is a component of the listed code |
| K0826 | E2391 | BCBST | Edited code is a component of the listed code |
| K0826 | E2392 | BCBST | Edited code is a component of the listed code |
| K0826 | E2393 | BCBST | Edited code is a component of the listed code |
| K0826 | E2394 | BCBST | Edited code is a component of the listed code |
| K0826 | E2395 | BCBST | Edited code is a component of the listed code |
| K0826 | E2396 | BCBST | Edited code is a component of the listed code |
| K0826 | K0015 | BCBST | Edited code is a component of the listed code |
| K0826 | K0017 | BCBST | Edited code is a component of the listed code |
| K0826 | K0018 | BCBST | Edited code is a component of the listed code |
| K0826 | K0019 | BCBST | Edited code is a component of the listed code |
| K0826 | K0020 | BCBST | Edited code is a component of the listed code |
| K0826 | K0037 | BCBST | Edited code is a component of the listed code |
| K0826 | K0040 | BCBST | Edited code is a component of the listed code |
| K0826 | K0041 | BCBST | Edited code is a component of the listed code |
| K0826 | K0042 | BCBST | Edited code is a component of the listed code |
| K0826 | K0043 | BCBST | Edited code is a component of the listed code |
| K0826 | K0044 | BCBST | Edited code is a component of the listed code |
| K0826 | K0045 | BCBST | Edited code is a component of the listed code |
| K0826 | K0046 | BCBST | Edited code is a component of the listed code |
| K0826 | K0047 | BCBST | Edited code is a component of the listed code |
| K0826 | K0051 | BCBST | Edited code is a component of the listed code |
| K0826 | K0052 | BCBST | Edited code is a component of the listed code |
| K0826 | K0098 | BCBST | Edited code is a component of the listed code |
| K0826 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0827 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0827 | E0971 | BCBST | Edited code is a component of the listed code |
| K0827 | E0978 | BCBST | Edited code is a component of the listed code |
| K0827 | E0981 | BCBST | Edited code is a component of the listed code |
| K0827 | E0982 | BCBST | Edited code is a component of the listed code |
| K0827 | E0995 | BCBST | Edited code is a component of the listed code |
| K0827 | E1225 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 268 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0827 | E2357 | BCBST | Edited code is a component of the listed code |
| K0827 | E2366 | BCBST | Edited code is a component of the listed code |
| K0827 | E2368 | BCBST | Edited code is a component of the listed code |
| K0827 | E2369 | BCBST | Edited code is a component of the listed code |
| K0827 | E2370 | BCBST | Edited code is a component of the listed code |
| K0827 | E2374 | BCBST | Edited code is a component of the listed code |
| K0827 | E2375 | BCBST | Edited code is a component of the listed code |
| K0827 | E2376 | BCBST | Edited code is a component of the listed code |
| K0827 | E2381 | BCBST | Edited code is a component of the listed code |
| K0827 | E2382 | BCBST | Edited code is a component of the listed code |
| K0827 | E2383 | BCBST | Edited code is a component of the listed code |
| K0827 | E2384 | BCBST | Edited code is a component of the listed code |
| K0827 | E2385 | BCBST | Edited code is a component of the listed code |
| K0827 | E2386 | BCBST | Edited code is a component of the listed code |
| K0827 | E2387 | BCBST | Edited code is a component of the listed code |
| K0827 | E2388 | BCBST | Edited code is a component of the listed code |
| K0827 | E2389 | BCBST | Edited code is a component of the listed code |
| K0827 | E2390 | BCBST | Edited code is a component of the listed code |
| K0827 | E2391 | BCBST | Edited code is a component of the listed code |
| K0827 | E2392 | BCBST | Edited code is a component of the listed code |
| K0827 | E2393 | BCBST | Edited code is a component of the listed code |
| K0827 | E2394 | BCBST | Edited code is a component of the listed code |
| K0827 | E2395 | BCBST | Edited code is a component of the listed code |
| K0827 | E2396 | BCBST | Edited code is a component of the listed code |
| K0827 | K0015 | BCBST | Edited code is a component of the listed code |
| K0827 | K0017 | BCBST | Edited code is a component of the listed code |
| K0827 | K0018 | BCBST | Edited code is a component of the listed code |
| K0827 | K0019 | BCBST | Edited code is a component of the listed code |
| K0827 | K0020 | BCBST | Edited code is a component of the listed code |
| K0827 | K0037 | BCBST | Edited code is a component of the listed code |
| K0827 | K0040 | BCBST | Edited code is a component of the listed code |
| K0827 | K0041 | BCBST | Edited code is a component of the listed code |
| K0827 | K0042 | BCBST | Edited code is a component of the listed code |
| K0827 | K0043 | BCBST | Edited code is a component of the listed code |
| K0827 | K0044 | BCBST | Edited code is a component of the listed code |
| K0827 | K0045 | BCBST | Edited code is a component of the listed code |
| K0827 K0827 | K0046 | BCBST | Edited code is a component of the listed code |
| K0827 | K0047 | BCBST | Edited code is a component of the listed code |
| NUOZI | K0051 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 269 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0827 | K0052 | BCBST | Edited code is a component of the listed code |
| K0827 | K0098 | BCBST | Edited code is a component of the listed code |
| K0827 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0828 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0828 | E0971 | BCBST | Edited code is a component of the listed code |
| K0828 | E0978 | BCBST | Edited code is a component of the listed code |
| K0828 | E0981 | BCBST | Edited code is a component of the listed code |
| K0828 | E0982 | BCBST | Edited code is a component of the listed code |
| K0828 | E0995 | BCBST | Edited code is a component of the listed code |
| K0828 | E1225 | BCBST | Edited code is a component of the listed code |
| K0828 | E2357 | BCBST | Edited code is a component of the listed code |
| K0828 | E2366 | BCBST | Edited code is a component of the listed code |
| K0828 | E2368 | BCBST | Edited code is a component of the listed code |
| K0828 | E2369 | BCBST | Edited code is a component of the listed code |
| K0828 | E2370 | BCBST | Edited code is a component of the listed code |
| K0828 | E2374 | BCBST | Edited code is a component of the listed code |
| K0828 | E2375 | BCBST | Edited code is a component of the listed code |
| K0828 | E2376 | BCBST | Edited code is a component of the listed code |
| K0828 | E2381 | BCBST | Edited code is a component of the listed code |
| K0828 | E2382 | BCBST | Edited code is a component of the listed code |
| K0828 | E2383 | BCBST | Edited code is a component of the listed code |
| K0828 | E2384 | BCBST | Edited code is a component of the listed code |
| K0828 | E2385 | BCBST | Edited code is a component of the listed code |
| K0828 | E2386 | BCBST | Edited code is a component of the listed code |
| K0828 | E2387 | BCBST | Edited code is a component of the listed code |
| K0828 | E2388 | BCBST | Edited code is a component of the listed code |
| K0828 | E2389 | BCBST | Edited code is a component of the listed code |
| K0828 | E2390 | BCBST | Edited code is a component of the listed code |
| K0828 | E2391 | BCBST | Edited code is a component of the listed code |
| K0828 | E2392 | BCBST | Edited code is a component of the listed code |
| K0828 | E2393 | BCBST | Edited code is a component of the listed code |
| K0828 | E2394 | BCBST | Edited code is a component of the listed code |
| K0828 | E2395 | BCBST | Edited code is a component of the listed code |
| K0828 | E2396 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 270 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0828 | K0015 | BCBST | Edited code is a component of the listed code |
| K0828 | K0017 | BCBST | Edited code is a component of the listed code |
| K0828 | K0018 | BCBST | Edited code is a component of the listed code |
| K0828 | K0019 | BCBST | Edited code is a component of the listed code |
| K0828 | K0020 | BCBST | Edited code is a component of the listed code |
| K0828 | K0037 | BCBST | Edited code is a component of the listed code |
| K0828 | K0040 | BCBST | Edited code is a component of the listed code |
| K0828 | K0041 | BCBST | Edited code is a component of the listed code |
| K0828 | K0042 | BCBST | Edited code is a component of the listed code |
| K0828 | K0043 | BCBST | Edited code is a component of the listed code |
| K0828 | K0044 | BCBST | Edited code is a component of the listed code |
| K0828 | K0045 | BCBST | Edited code is a component of the listed code |
| K0828 | K0046 | BCBST | Edited code is a component of the listed code |
| K0828 | K0047 | BCBST | Edited code is a component of the listed code |
| K0828 | K0051 | BCBST | Edited code is a component of the listed code |
| K0828 | K0052 | BCBST | Edited code is a component of the listed code |
| K0828 | K0098 | BCBST | Edited code is a component of the listed code |
| K0828 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0829 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0829 | E0971 | BCBST | Edited code is a component of the listed code |
| K0829 | E0978 | BCBST | Edited code is a component of the listed code |
| K0829 | E0981 | BCBST | Edited code is a component of the listed code |
| K0829 | E0982 | BCBST | Edited code is a component of the listed code |
| K0829 | E0995 | BCBST | Edited code is a component of the listed code |
| K0829 | E1225 | BCBST | Edited code is a component of the listed code |
| K0829 | E2357 | BCBST | Edited code is a component of the listed code |
| K0829 | E2366 | BCBST | Edited code is a component of the listed code |
| K0829 | E2368 | BCBST | Edited code is a component of the listed code |
| K0829 | E2369 | BCBST | Edited code is a component of the listed code |
| K0829 | E2370 | BCBST | Edited code is a component of the listed code |
| K0829 | E2374 | BCBST | Edited code is a component of the listed code |
| K0829 | E2375 | BCBST | Edited code is a component of the listed code |
| K0829 | E2376 | BCBST | Edited code is a component of the listed code |
| K0829 | E2381 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 271 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0829 | E2382 | BCBST | Edited code is a component of the listed code |
| K0829 | E2383 | BCBST | Edited code is a component of the listed code |
| K0829 | E2384 | BCBST | Edited code is a component of the listed code |
| K0829 | E2385 | BCBST | Edited code is a component of the listed code |
| K0829 | E2386 | BCBST | Edited code is a component of the listed code |
| K0829 | E2387 | BCBST | Edited code is a component of the listed code |
| K0829 | E2388 | BCBST | Edited code is a component of the listed code |
| K0829 | E2389 | BCBST | Edited code is a component of the listed code |
| K0829 | E2390 | BCBST | Edited code is a component of the listed code |
| K0829 | E2391 | BCBST | Edited code is a component of the listed code |
| K0829 | E2392 | BCBST | Edited code is a component of the listed code |
| K0829 | E2393 | BCBST | Edited code is a component of the listed code |
| K0829 | E2394 | BCBST | Edited code is a component of the listed code |
| K0829 | E2395 | BCBST | Edited code is a component of the listed code |
| K0829 | E2396 | BCBST | Edited code is a component of the listed code |
| K0829 | K0015 | BCBST | Edited code is a component of the listed code |
| K0829 | K0017 | BCBST | Edited code is a component of the listed code |
| K0829 | K0018 | BCBST | Edited code is a component of the listed code |
| K0829 | K0019 | BCBST | Edited code is a component of the listed code |
| K0829 | K0020 | BCBST | Edited code is a component of the listed code |
| K0829 | K0037 | BCBST | Edited code is a component of the listed code |
| K0829 | K0040 | BCBST | Edited code is a component of the listed code |
| K0829 | K0041 | BCBST | Edited code is a component of the listed code |
| K0829 | K0042 | BCBST | Edited code is a component of the listed code |
| K0829 | K0043 | BCBST | Edited code is a component of the listed code |
| K0829 | K0044 | BCBST | Edited code is a component of the listed code |
| K0829 | K0045 | BCBST | Edited code is a component of the listed code |
| K0829 | K0046 | BCBST | Edited code is a component of the listed code |
| K0829 | K0047 | BCBST | Edited code is a component of the listed code |
| K0829 | K0051 | BCBST | Edited code is a component of the listed code |
| K0829 | K0052 | BCBST | Edited code is a component of the listed code |
| K0829 | K0098 | BCBST | Edited code is a component of the listed code |
| K0829 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0830 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 272 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0830 | E0971 | BCBST | Edited code is a component of the listed code |
| K0830 | E0978 | BCBST | Edited code is a component of the listed code |
| K0830 | E0981 | BCBST | Edited code is a component of the listed code |
| K0830 | E0982 | BCBST | Edited code is a component of the listed code |
| K0830 | E0995 | BCBST | Edited code is a component of the listed code |
| K0830 | E1225 | BCBST | Edited code is a component of the listed code |
| K0830 | E2357 | BCBST | Edited code is a component of the listed code |
| K0830 | E2366 | BCBST | Edited code is a component of the listed code |
| K0830 | E2368 | BCBST | Edited code is a component of the listed code |
| K0830 | E2369 | BCBST | Edited code is a component of the listed code |
| K0830 | E2370 | BCBST | Edited code is a component of the listed code |
| K0830 | E2374 | BCBST | Edited code is a component of the listed code |
| K0830 | E2375 | BCBST | Edited code is a component of the listed code |
| K0830 | E2376 | BCBST | Edited code is a component of the listed code |
| K0830 | E2381 | BCBST | Edited code is a component of the listed code |
| K0830 | E2382 | BCBST | Edited code is a component of the listed code |
| K0830 | E2383 | BCBST | Edited code is a component of the listed code |
| K0830 | E2384 | BCBST | Edited code is a component of the listed code |
| K0830 | E2385 | BCBST | Edited code is a component of the listed code |
| K0830 | E2386 | BCBST | Edited code is a component of the listed code |
| K0830 | E2387 | BCBST | Edited code is a component of the listed code |
| K0830 | E2388 | BCBST | Edited code is a component of the listed code |
| K0830 | E2389 | BCBST | Edited code is a component of the listed code |
| K0830 | E2390 | BCBST | Edited code is a component of the listed code |
| K0830 | E2391 | BCBST | Edited code is a component of the listed code |
| K0830 | E2392 | BCBST | Edited code is a component of the listed code |
| K0830 | E2393 | BCBST | Edited code is a component of the listed code |
| K0830 | E2394 | BCBST | Edited code is a component of the listed code |
| K0830 | E2395 | BCBST | Edited code is a component of the listed code |
| K0830 | E2396 | BCBST | Edited code is a component of the listed code |
| K0830 | K0015 | BCBST | Edited code is a component of the listed code |
| K0830 | K0017 | BCBST | Edited code is a component of the listed code |
| K0830 | K0018 | BCBST | Edited code is a component of the listed code |
| K0830 | K0019 | BCBST | Edited code is a component of the listed code |
| K0830 | K0020 | BCBST | Edited code is a component of the listed code |
| K0830 | K0037 | BCBST | Edited code is a component of the listed code |
| K0830 | K0040 | BCBST | Edited code is a component of the listed code |
| K0830 | K0041 | BCBST | Edited code is a component of the listed code |
| K0830 | K0042 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 273 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0830 | K0043 | BCBST | Edited code is a component of the listed code |
| K0830 | K0044 | BCBST | Edited code is a component of the listed code |
| K0830 | K0045 | BCBST | Edited code is a component of the listed code |
| K0830 | K0046 | BCBST | Edited code is a component of the listed code |
| K0830 | K0047 | BCBST | Edited code is a component of the listed code |
| K0830 | K0051 | BCBST | Edited code is a component of the listed code |
| K0830 | K0052 | BCBST | Edited code is a component of the listed code |
| K0830 | K0098 | BCBST | Edited code is a component of the listed code |
| K0830 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0831 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0831 | E0971 | BCBST | Edited code is a component of the listed code |
| K0831 | E0978 | BCBST | Edited code is a component of the listed code |
| K0831 | E0981 | BCBST | Edited code is a component of the listed code |
| K0831 | E0982 | BCBST | Edited code is a component of the listed code |
| K0831 | E0995 | BCBST | Edited code is a component of the listed code |
| K0831 | E1225 | BCBST | Edited code is a component of the listed code |
| K0831 | E2357 | BCBST | Edited code is a component of the listed code |
| K0831 | E2366 | BCBST | Edited code is a component of the listed code |
| K0831 | E2368 | BCBST | Edited code is a component of the listed code |
| K0831 | E2369 | BCBST | Edited code is a component of the listed code |
| K0831 | E2370 | BCBST | Edited code is a component of the listed code |
| K0831 | E2374 | BCBST | Edited code is a component of the listed code |
| K0831 | E2375 | BCBST | Edited code is a component of the listed code |
| K0831 | E2376 | BCBST | Edited code is a component of the listed code |
| K0831 | E2381 | BCBST | Edited code is a component of the listed code |
| K0831 | E2382 | BCBST | Edited code is a component of the listed code |
| K0831 | E2383 | BCBST | Edited code is a component of the listed code |
| K0831 | E2384 | BCBST | Edited code is a component of the listed code |
| K0831 | E2385 | BCBST | Edited code is a component of the listed code |
| K0831 | E2386 | BCBST | Edited code is a component of the listed code |
| K0831 | E2387 | BCBST | Edited code is a component of the listed code |
| K0831 | E2388 | BCBST | Edited code is a component of the listed code |
| K0831 | E2389 | BCBST | Edited code is a component of the listed code |
| K0831 | E2390 | BCBST | Edited code is a component of the listed code |

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Source: PNC-CARR Page 274 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0831 | E2391 | BCBST | Edited code is a component of the listed code |
| K0831 | E2392 | BCBST | Edited code is a component of the listed code |
| K0831 | E2393 | BCBST | Edited code is a component of the listed code |
| K0831 | E2394 | BCBST | Edited code is a component of the listed code |
| K0831 | E2395 | BCBST | Edited code is a component of the listed code |
| K0831 | E2396 | BCBST | Edited code is a component of the listed code |
| K0831 | K0015 | BCBST | Edited code is a component of the listed code |
| K0831 | K0017 | BCBST | Edited code is a component of the listed code |
| K0831 | K0018 | BCBST | Edited code is a component of the listed code |
| K0831 | K0019 | BCBST | Edited code is a component of the listed code |
| K0831 | K0020 | BCBST | Edited code is a component of the listed code |
| K0831 | K0037 | BCBST | Edited code is a component of the listed code |
| K0831 | K0040 | BCBST | Edited code is a component of the listed code |
| K0831 | K0041 | BCBST | Edited code is a component of the listed code |
| K0831 | K0042 | BCBST | Edited code is a component of the listed code |
| K0831 | K0043 | BCBST | Edited code is a component of the listed code |
| K0831 | K0044 | BCBST | Edited code is a component of the listed code |
| K0831 | K0045 | BCBST | Edited code is a component of the listed code |
| K0831 | K0046 | BCBST | Edited code is a component of the listed code |
| K0831 | K0047 | BCBST | Edited code is a component of the listed code |
| K0831 | K0051 | BCBST | Edited code is a component of the listed code |
| K0831 | K0052 | BCBST | Edited code is a component of the listed code |
| K0831 | K0098 | BCBST | Edited code is a component of the listed code |
| K0831 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0835 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0835 | E0971 | BCBST | Edited code is a component of the listed code |
| K0835 | E0978 | BCBST | Edited code is a component of the listed code |
| K0835 | E0981 | BCBST | Edited code is a component of the listed code |
| K0835 | E0982 | BCBST | Edited code is a component of the listed code |
| K0835 | E0995 | BCBST | Edited code is a component of the listed code |
| K0835 | E1225 | BCBST | Edited code is a component of the listed code |
| K0835 | E2357 | BCBST | Edited code is a component of the listed code |
| K0835 | E2366 | BCBST | Edited code is a component of the listed code |
| K0835 | E2368 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 275 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0835 | E2369 | BCBST | Edited code is a component of the listed code |
| K0835 | E2370 | BCBST | Edited code is a component of the listed code |
| K0835 | E2374 | BCBST | Edited code is a component of the listed code |
| K0835 | E2375 | BCBST | Edited code is a component of the listed code |
| K0835 | E2376 | BCBST | Edited code is a component of the listed code |
| K0835 | E2381 | BCBST | Edited code is a component of the listed code |
| K0835 | E2382 | BCBST | Edited code is a component of the listed code |
| K0835 | E2383 | BCBST | Edited code is a component of the listed code |
| K0835 | E2384 | BCBST | Edited code is a component of the listed code |
| K0835 | E2385 | BCBST | Edited code is a component of the listed code |
| K0835 | E2386 | BCBST | Edited code is a component of the listed code |
| K0835 | E2387 | BCBST | Edited code is a component of the listed code |
| K0835 | E2388 | BCBST | Edited code is a component of the listed code |
| K0835 | E2389 | BCBST | Edited code is a component of the listed code |
| K0835 | E2390 | BCBST | Edited code is a component of the listed code |
| K0835 | E2391 | BCBST | Edited code is a component of the listed code |
| K0835 | E2392 | BCBST | Edited code is a component of the listed code |
| K0835 | E2393 | BCBST | Edited code is a component of the listed code |
| K0835 | E2394 | BCBST | Edited code is a component of the listed code |
| K0835 | E2395 | BCBST | Edited code is a component of the listed code |
| K0835 | E2396 | BCBST | Edited code is a component of the listed code |
| K0835 | K0015 | BCBST | Edited code is a component of the listed code |
| K0835 | K0017 | BCBST | Edited code is a component of the listed code |
| K0835 | K0018 | BCBST | Edited code is a component of the listed code |
| K0835 | K0019 | BCBST | Edited code is a component of the listed code |
| K0835 | K0020 | BCBST | Edited code is a component of the listed code |
| K0835 | K0037 | BCBST | Edited code is a component of the listed code |
| K0835 | K0040 | BCBST | Edited code is a component of the listed code |
| K0835 | K0041 | BCBST | Edited code is a component of the listed code |
| K0835 | K0042 | BCBST | Edited code is a component of the listed code |
| K0835 | K0043 | BCBST | Edited code is a component of the listed code |
| K0835 | K0044 | BCBST | Edited code is a component of the listed code |
| K0835 | K0045 | BCBST | Edited code is a component of the listed code |
| K0835 | K0046 | BCBST | Edited code is a component of the listed code |
| K0835 | K0047 | BCBST | Edited code is a component of the listed code |
| K0835 | K0051 | BCBST | Edited code is a component of the listed code |
| K0835 | K0052 | BCBST | Edited code is a component of the listed code |
| K0835 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 276 of 643

| Comprehensive | Component | | |
|---------------|-----------|--------|---|
| Code | Code | Source | Rationale |
| K0835 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0836 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0836 | E0971 | BCBST | Edited code is a component of the listed code |
| K0836 | E0978 | BCBST | Edited code is a component of the listed code |
| K0836 | E0981 | BCBST | Edited code is a component of the listed code |
| K0836 | E0982 | BCBST | Edited code is a component of the listed code |
| K0836 | E0995 | BCBST | Edited code is a component of the listed code |
| K0836 | E1225 | BCBST | Edited code is a component of the listed code |
| K0836 | E2357 | BCBST | Edited code is a component of the listed code |
| K0836 | E2366 | BCBST | Edited code is a component of the listed code |
| K0836 | E2368 | BCBST | Edited code is a component of the listed code |
| K0836 | E2369 | BCBST | Edited code is a component of the listed code |
| K0836 | E2370 | BCBST | Edited code is a component of the listed code |
| K0836 | E2374 | BCBST | Edited code is a component of the listed code |
| K0836 | E2375 | BCBST | Edited code is a component of the listed code |
| K0836 | E2376 | BCBST | Edited code is a component of the listed code |
| K0836 | E2381 | BCBST | Edited code is a component of the listed code |
| K0836 | E2382 | BCBST | Edited code is a component of the listed code |
| K0836 | E2383 | BCBST | Edited code is a component of the listed code |
| K0836 | E2384 | BCBST | Edited code is a component of the listed code |
| K0836 | E2385 | BCBST | Edited code is a component of the listed code |
| K0836 | E2386 | BCBST | Edited code is a component of the listed code |
| K0836 | E2387 | BCBST | Edited code is a component of the listed code |
| K0836 | E2388 | BCBST | Edited code is a component of the listed code |
| K0836 | E2389 | BCBST | Edited code is a component of the listed code |
| K0836 | E2390 | BCBST | Edited code is a component of the listed code |
| K0836 | E2391 | BCBST | Edited code is a component of the listed code |
| K0836 | E2392 | BCBST | Edited code is a component of the listed code |
| K0836 | E2393 | BCBST | Edited code is a component of the listed code |
| K0836 | E2394 | BCBST | Edited code is a component of the listed code |
| K0836 | E2395 | BCBST | Edited code is a component of the listed code |
| K0836 | E2396 | BCBST | Edited code is a component of the listed code |
| K0836 | K0015 | BCBST | Edited code is a component of the listed code |
| K0836 | K0017 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 277 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0836 | K0018 | BCBST | Edited code is a component of the listed code |
| K0836 | K0019 | BCBST | Edited code is a component of the listed code |
| K0836 | K0020 | BCBST | Edited code is a component of the listed code |
| K0836 | K0037 | BCBST | Edited code is a component of the listed code |
| K0836 | K0040 | BCBST | Edited code is a component of the listed code |
| K0836 | K0041 | BCBST | Edited code is a component of the listed code |
| K0836 | K0042 | BCBST | Edited code is a component of the listed code |
| K0836 | K0043 | BCBST | Edited code is a component of the listed code |
| K0836 | K0044 | BCBST | Edited code is a component of the listed code |
| K0836 | K0045 | BCBST | Edited code is a component of the listed code |
| K0836 | K0046 | BCBST | Edited code is a component of the listed code |
| K0836 | K0047 | BCBST | Edited code is a component of the listed code |
| K0836 | K0051 | BCBST | Edited code is a component of the listed code |
| K0836 | K0052 | BCBST | Edited code is a component of the listed code |
| K0836 | K0098 | BCBST | Edited code is a component of the listed code |
| K0836 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0837 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0837 | E0971 | BCBST | Edited code is a component of the listed code |
| K0837 | E0978 | BCBST | Edited code is a component of the listed code |
| K0837 | E0981 | BCBST | Edited code is a component of the listed code |
| K0837 | E0982 | BCBST | Edited code is a component of the listed code |
| K0837 | E0995 | BCBST | Edited code is a component of the listed code |
| K0837 | E1225 | BCBST | Edited code is a component of the listed code |
| K0837 | E2357 | BCBST | Edited code is a component of the listed code |
| K0837 | E2366 | BCBST | Edited code is a component of the listed code |
| K0837 | E2368 | BCBST | Edited code is a component of the listed code |
| K0837 | E2369 | BCBST | Edited code is a component of the listed code |
| K0837 | E2370 | BCBST | Edited code is a component of the listed code |
| K0837 | E2374 | BCBST | Edited code is a component of the listed code |
| K0837 | E2375 | BCBST | Edited code is a component of the listed code |
| K0837 | E2376 | BCBST | Edited code is a component of the listed code |
| K0837 | E2381 | BCBST | Edited code is a component of the listed code |
| K0837 | E2382 | BCBST | Edited code is a component of the listed code |
| K0837 | E2383 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 278 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0837 | E2384 | BCBST | Edited code is a component of the listed code |
| K0837 | E2385 | BCBST | Edited code is a component of the listed code |
| K0837 | E2386 | BCBST | Edited code is a component of the listed code |
| K0837 | E2387 | BCBST | Edited code is a component of the listed code |
| K0837 | E2388 | BCBST | Edited code is a component of the listed code |
| K0837 | E2389 | BCBST | Edited code is a component of the listed code |
| K0837 | E2390 | BCBST | Edited code is a component of the listed code |
| K0837 | E2391 | BCBST | Edited code is a component of the listed code |
| K0837 | E2392 | BCBST | Edited code is a component of the listed code |
| K0837 | E2393 | BCBST | Edited code is a component of the listed code |
| K0837 | E2394 | BCBST | Edited code is a component of the listed code |
| K0837 | E2395 | BCBST | Edited code is a component of the listed code |
| K0837 | E2396 | BCBST | Edited code is a component of the listed code |
| K0837 | K0015 | BCBST | Edited code is a component of the listed code |
| K0837 | K0017 | BCBST | Edited code is a component of the listed code |
| K0837 | K0018 | BCBST | Edited code is a component of the listed code |
| K0837 | K0019 | BCBST | Edited code is a component of the listed code |
| K0837 | K0020 | BCBST | Edited code is a component of the listed code |
| K0837 | K0037 | BCBST | Edited code is a component of the listed code |
| K0837 | K0040 | BCBST | Edited code is a component of the listed code |
| K0837 | K0041 | BCBST | Edited code is a component of the listed code |
| K0837 | K0042 | BCBST | Edited code is a component of the listed code |
| K0837 | K0043 | BCBST | Edited code is a component of the listed code |
| K0837 | K0044 | BCBST | Edited code is a component of the listed code |
| K0837 | K0045 | BCBST | Edited code is a component of the listed code |
| K0837 | K0046 | BCBST | Edited code is a component of the listed code |
| K0837 | K0047 | BCBST | Edited code is a component of the listed code |
| K0837 | K0051 | BCBST | Edited code is a component of the listed code |
| K0837 | K0052 | BCBST | Edited code is a component of the listed code |
| K0837 | K0098 | BCBST | Edited code is a component of the listed code |
| K0837 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0838 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0838 | E0971 | BCBST | Edited code is a component of the listed code |
| K0838 | E0978 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 279 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0838 | E0981 | BCBST | Edited code is a component of the listed code |
| K0838 | E0982 | BCBST | Edited code is a component of the listed code |
| K0838 | E0995 | BCBST | Edited code is a component of the listed code |
| K0838 | E1225 | BCBST | Edited code is a component of the listed code |
| K0838 | E2357 | BCBST | Edited code is a component of the listed code |
| K0838 | E2366 | BCBST | Edited code is a component of the listed code |
| K0838 | E2368 | BCBST | Edited code is a component of the listed code |
| K0838 | E2369 | BCBST | Edited code is a component of the listed code |
| K0838 | E2370 | BCBST | Edited code is a component of the listed code |
| K0838 | E2374 | BCBST | Edited code is a component of the listed code |
| K0838 | E2375 | BCBST | Edited code is a component of the listed code |
| K0838 | E2376 | BCBST | Edited code is a component of the listed code |
| K0838 | E2381 | BCBST | Edited code is a component of the listed code |
| K0838 | E2382 | BCBST | Edited code is a component of the listed code |
| K0838 | E2383 | BCBST | Edited code is a component of the listed code |
| K0838 | E2384 | BCBST | Edited code is a component of the listed code |
| K0838 | E2385 | BCBST | Edited code is a component of the listed code |
| K0838 | E2386 | BCBST | Edited code is a component of the listed code |
| K0838 | E2387 | BCBST | Edited code is a component of the listed code |
| K0838 | E2388 | BCBST | Edited code is a component of the listed code |
| K0838 | E2389 | BCBST | Edited code is a component of the listed code |
| K0838 | E2390 | BCBST | Edited code is a component of the listed code |
| K0838 | E2391 | BCBST | Edited code is a component of the listed code |
| K0838 | E2392 | BCBST | Edited code is a component of the listed code |
| K0838 | E2393 | BCBST | Edited code is a component of the listed code |
| K0838 | E2394 | BCBST | Edited code is a component of the listed code |
| K0838 | E2395 | BCBST | Edited code is a component of the listed code |
| K0838 | E2396 | BCBST | Edited code is a component of the listed code |
| K0838 | K0015 | BCBST | Edited code is a component of the listed code |
| K0838 | K0017 | BCBST | Edited code is a component of the listed code |
| K0838 | K0018 | BCBST | Edited code is a component of the listed code |
| K0838 | K0019 | BCBST | Edited code is a component of the listed code |
| K0838 | K0020 | BCBST | Edited code is a component of the listed code |
| K0838 | K0037 | BCBST | Edited code is a component of the listed code |
| K0838 | K0040 | BCBST | Edited code is a component of the listed code |
| K0838 | K0041 | BCBST | Edited code is a component of the listed code |
| K0838 | K0042 | BCBST | Edited code is a component of the listed code |
| K0838 | K0043 | BCBST | Edited code is a component of the listed code |
| K0838 | K0044 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 280 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0838 | K0045 | BCBST | Edited code is a component of the listed code |
| K0838 | K0046 | BCBST | Edited code is a component of the listed code |
| K0838 | K0047 | BCBST | Edited code is a component of the listed code |
| K0838 | K0051 | BCBST | Edited code is a component of the listed code |
| K0838 | K0052 | BCBST | Edited code is a component of the listed code |
| K0838 | K0098 | BCBST | Edited code is a component of the listed code |
| K0838 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0839 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0839 | E0971 | BCBST | Edited code is a component of the listed code |
| K0839 | E0978 | BCBST | Edited code is a component of the listed code |
| K0839 | E0981 | BCBST | Edited code is a component of the listed code |
| K0839 | E0982 | BCBST | Edited code is a component of the listed code |
| K0839 | E0995 | BCBST | Edited code is a component of the listed code |
| K0839 | E1225 | BCBST | Edited code is a component of the listed code |
| K0839 | E2357 | BCBST | Edited code is a component of the listed code |
| K0839 | E2366 | BCBST | Edited code is a component of the listed code |
| K0839 | E2368 | BCBST | Edited code is a component of the listed code |
| K0839 | E2369 | BCBST | Edited code is a component of the listed code |
| K0839 | E2370 | BCBST | Edited code is a component of the listed code |
| K0839 | E2374 | BCBST | Edited code is a component of the listed code |
| K0839 | E2375 | BCBST | Edited code is a component of the listed code |
| K0839 | E2376 | BCBST | Edited code is a component of the listed code |
| K0839 | E2381 | BCBST | Edited code is a component of the listed code |
| K0839 | E2382 | BCBST | Edited code is a component of the listed code |
| K0839 | E2383 | BCBST | Edited code is a component of the listed code |
| K0839 | E2384 | BCBST | Edited code is a component of the listed code |
| K0839 | E2385 | BCBST | Edited code is a component of the listed code |
| K0839 | E2386 | BCBST | Edited code is a component of the listed code |
| K0839 | E2387 | BCBST | Edited code is a component of the listed code |
| K0839 | E2388 | BCBST | Edited code is a component of the listed code |
| K0839 | E2389 | BCBST | Edited code is a component of the listed code |
| K0839 | E2390 | BCBST | Edited code is a component of the listed code |
| K0839 | E2391 | BCBST | Edited code is a component of the listed code |
| K0839 | E2392 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 281 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0839 | E2393 | BCBST | Edited code is a component of the listed code |
| K0839 | E2394 | BCBST | Edited code is a component of the listed code |
| K0839 | E2395 | BCBST | Edited code is a component of the listed code |
| K0839 | E2396 | BCBST | Edited code is a component of the listed code |
| K0839 | K0015 | BCBST | Edited code is a component of the listed code |
| K0839 | K0017 | BCBST | Edited code is a component of the listed code |
| K0839 | K0018 | BCBST | Edited code is a component of the listed code |
| K0839 | K0019 | BCBST | Edited code is a component of the listed code |
| K0839 | K0020 | BCBST | Edited code is a component of the listed code |
| K0839 | K0037 | BCBST | Edited code is a component of the listed code |
| K0839 | K0040 | BCBST | Edited code is a component of the listed code |
| K0839 | K0041 | BCBST | Edited code is a component of the listed code |
| K0839 | K0042 | BCBST | Edited code is a component of the listed code |
| K0839 | K0043 | BCBST | Edited code is a component of the listed code |
| K0839 | K0044 | BCBST | Edited code is a component of the listed code |
| K0839 | K0045 | BCBST | Edited code is a component of the listed code |
| K0839 | K0046 | BCBST | Edited code is a component of the listed code |
| K0839 | K0047 | BCBST | Edited code is a component of the listed code |
| K0839 | K0051 | BCBST | Edited code is a component of the listed code |
| K0839 | K0052 | BCBST | Edited code is a component of the listed code |
| K0839 | K0098 | BCBST | Edited code is a component of the listed code |
| K0839 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0840 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0840 | E0971 | BCBST | Edited code is a component of the listed code |
| K0840 | E0978 | BCBST | Edited code is a component of the listed code |
| K0840 | E0981 | BCBST | Edited code is a component of the listed code |
| K0840 | E0982 | BCBST | Edited code is a component of the listed code |
| K0840 | E0995 | BCBST | Edited code is a component of the listed code |
| K0840 | E1225 | BCBST | Edited code is a component of the listed code |
| K0840 | E2357 | BCBST | Edited code is a component of the listed code |
| K0840 | E2366 | BCBST | Edited code is a component of the listed code |
| K0840 | E2368 | BCBST | Edited code is a component of the listed code |
| K0840 | E2369 | BCBST | Edited code is a component of the listed code |
| K0840 | E2370 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 282 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0840 | E2374 | BCBST | Edited code is a component of the listed code |
| K0840 | E2375 | BCBST | Edited code is a component of the listed code |
| K0840 | E2376 | BCBST | Edited code is a component of the listed code |
| K0840 | E2381 | BCBST | Edited code is a component of the listed code |
| K0840 | E2382 | BCBST | Edited code is a component of the listed code |
| K0840 | E2383 | BCBST | Edited code is a component of the listed code |
| K0840 | E2384 | BCBST | Edited code is a component of the listed code |
| K0840 | E2385 | BCBST | Edited code is a component of the listed code |
| K0840 | E2386 | BCBST | Edited code is a component of the listed code |
| K0840 | E2387 | BCBST | Edited code is a component of the listed code |
| K0840 | E2388 | BCBST | Edited code is a component of the listed code |
| K0840 | E2389 | BCBST | Edited code is a component of the listed code |
| K0840 | E2390 | BCBST | Edited code is a component of the listed code |
| K0840 | E2391 | BCBST | Edited code is a component of the listed code |
| K0840 | E2392 | BCBST | Edited code is a component of the listed code |
| K0840 | E2393 | BCBST | Edited code is a component of the listed code |
| K0840 | E2394 | BCBST | Edited code is a component of the listed code |
| K0840 | E2395 | BCBST | Edited code is a component of the listed code |
| K0840 | E2396 | BCBST | Edited code is a component of the listed code |
| K0840 | K0015 | BCBST | Edited code is a component of the listed code |
| K0840 | K0017 | BCBST | Edited code is a component of the listed code |
| K0840 | K0018 | BCBST | Edited code is a component of the listed code |
| K0840 | K0019 | BCBST | Edited code is a component of the listed code |
| K0840 | K0020 | BCBST | Edited code is a component of the listed code |
| K0840 | K0037 | BCBST | Edited code is a component of the listed code |
| K0840 | K0040 | BCBST | Edited code is a component of the listed code |
| K0840 | K0041 | BCBST | Edited code is a component of the listed code |
| K0840 | K0042 | BCBST | Edited code is a component of the listed code |
| K0840 | K0043 | BCBST | Edited code is a component of the listed code |
| K0840 | K0044 | BCBST | Edited code is a component of the listed code |
| K0840 | K0045 | BCBST | Edited code is a component of the listed code |
| K0840 | K0046 | BCBST | Edited code is a component of the listed code |
| K0840 | K0047 | BCBST | Edited code is a component of the listed code |
| K0840 | K0051 | BCBST | Edited code is a component of the listed code |
| K0840 | K0052 | BCBST | Edited code is a component of the listed code |
| K0840 | K0098 | BCBST | Edited code is a component of the listed code |
| K0840 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 283 of 643

| | | | _ |
|--------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| K0841 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0841 | E0971 | BCBST | Edited code is a component of the listed code |
| K0841 | E0978 | BCBST | Edited code is a component of the listed code |
| K0841 | E0981 | BCBST | Edited code is a component of the listed code |
| K0841 | E0982 | BCBST | Edited code is a component of the listed code |
| K0841 | E0995 | BCBST | Edited code is a component of the listed code |
| K0841 | E1225 | BCBST | Edited code is a component of the listed code |
| K0841 | E2357 | BCBST | Edited code is a component of the listed code |
| K0841 | E2366 | BCBST | Edited code is a component of the listed code |
| K0841 | E2368 | BCBST | Edited code is a component of the listed code |
| K0841 | E2369 | BCBST | Edited code is a component of the listed code |
| K0841 | E2370 | BCBST | Edited code is a component of the listed code |
| K0841 | E2374 | BCBST | Edited code is a component of the listed code |
| K0841 | E2375 | BCBST | Edited code is a component of the listed code |
| K0841 | E2376 | BCBST | Edited code is a component of the listed code |
| K0841 | E2381 | BCBST | Edited code is a component of the listed code |
| K0841 | E2382 | BCBST | Edited code is a component of the listed code |
| K0841 | E2383 | BCBST | Edited code is a component of the listed code |
| K0841 | E2384 | BCBST | Edited code is a component of the listed code |
| K0841 | E2385 | BCBST | Edited code is a component of the listed code |
| K0841 | E2386 | BCBST | Edited code is a component of the listed code |
| K0841 | E2387 | BCBST | Edited code is a component of the listed code |
| K0841 | E2388 | BCBST | Edited code is a component of the listed code |
| K0841 | E2389 | BCBST | Edited code is a component of the listed code |
| K0841 | E2390 | BCBST | Edited code is a component of the listed code |
| K0841 | E2391 | BCBST | Edited code is a component of the listed code |
| K0841 | E2392 | BCBST | Edited code is a component of the listed code |
| K0841 | E2393 | BCBST | Edited code is a component of the listed code |
| K0841 | E2394 | BCBST | Edited code is a component of the listed code |
| K0841 | E2395 | BCBST | Edited code is a component of the listed code |
| K0841 | E2396 | BCBST | Edited code is a component of the listed code |
| K0841 | K0015 | BCBST | Edited code is a component of the listed code |
| K0841 | K0017 | BCBST | Edited code is a component of the listed code |
| K0841 | K0018 | BCBST | Edited code is a component of the listed code |
| K0841 | K0019 | BCBST | Edited code is a component of the listed code |
| K0841 | K0020 | BCBST | Edited code is a component of the listed code |
| K0841 | K0037 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 284 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0841 | K0040 | BCBST | Edited code is a component of the listed code |
| K0841 | K0041 | BCBST | Edited code is a component of the listed code |
| K0841 | K0042 | BCBST | Edited code is a component of the listed code |
| K0841 | K0043 | BCBST | Edited code is a component of the listed code |
| K0841 | K0044 | BCBST | Edited code is a component of the listed code |
| K0841 | K0045 | BCBST | Edited code is a component of the listed code |
| K0841 | K0046 | BCBST | Edited code is a component of the listed code |
| K0841 | K0047 | BCBST | Edited code is a component of the listed code |
| K0841 | K0051 | BCBST | Edited code is a component of the listed code |
| K0841 | K0052 | BCBST | Edited code is a component of the listed code |
| K0841 | K0098 | BCBST | Edited code is a component of the listed code |
| K0841 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0842 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0842 | E0971 | BCBST | Edited code is a component of the listed code |
| K0842 | E0978 | BCBST | Edited code is a component of the listed code |
| K0842 | E0981 | BCBST | Edited code is a component of the listed code |
| K0842 | E0982 | BCBST | Edited code is a component of the listed code |
| K0842 | E0995 | BCBST | Edited code is a component of the listed code |
| K0842 | E1225 | BCBST | Edited code is a component of the listed code |
| K0842 | E2357 | BCBST | Edited code is a component of the listed code |
| K0842 | E2366 | BCBST | Edited code is a component of the listed code |
| K0842 | E2368 | BCBST | Edited code is a component of the listed code |
| K0842 | E2369 | BCBST | Edited code is a component of the listed code |
| K0842 | E2370 | BCBST | Edited code is a component of the listed code |
| K0842 | E2374 | BCBST | Edited code is a component of the listed code |
| K0842 | E2375 | BCBST | Edited code is a component of the listed code |
| K0842 | E2376 | BCBST | Edited code is a component of the listed code |
| K0842 | E2381 | BCBST | Edited code is a component of the listed code |
| K0842 | E2382 | BCBST | Edited code is a component of the listed code |
| K0842 | E2383 | BCBST | Edited code is a component of the listed code |
| K0842 | E2384 | BCBST | Edited code is a component of the listed code |
| K0842 | E2385 | BCBST | Edited code is a component of the listed code |
| K0842 | E2386 | BCBST | Edited code is a component of the listed code |
| K0842 | E2387 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 285 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0842 | E2388 | BCBST | Edited code is a component of the listed code |
| K0842 | E2389 | BCBST | Edited code is a component of the listed code |
| K0842 | E2390 | BCBST | Edited code is a component of the listed code |
| K0842 | E2391 | BCBST | Edited code is a component of the listed code |
| K0842 | E2392 | BCBST | Edited code is a component of the listed code |
| K0842 | E2393 | BCBST | Edited code is a component of the listed code |
| K0842 | E2394 | BCBST | Edited code is a component of the listed code |
| K0842 | E2395 | BCBST | Edited code is a component of the listed code |
| K0842 | E2396 | BCBST | Edited code is a component of the listed code |
| K0842 | K0015 | BCBST | Edited code is a component of the listed code |
| K0842 | K0017 | BCBST | Edited code is a component of the listed code |
| K0842 | K0018 | BCBST | Edited code is a component of the listed code |
| K0842 | K0019 | BCBST | Edited code is a component of the listed code |
| K0842 | K0020 | BCBST | Edited code is a component of the listed code |
| K0842 | K0037 | BCBST | Edited code is a component of the listed code |
| K0842 | K0040 | BCBST | Edited code is a component of the listed code |
| K0842 | K0041 | BCBST | Edited code is a component of the listed code |
| K0842 | K0042 | BCBST | Edited code is a component of the listed code |
| K0842 | K0043 | BCBST | Edited code is a component of the listed code |
| K0842 | K0044 | BCBST | Edited code is a component of the listed code |
| K0842 | K0045 | BCBST | Edited code is a component of the listed code |
| K0842 | K0046 | BCBST | Edited code is a component of the listed code |
| K0842 | K0047 | BCBST | Edited code is a component of the listed code |
| K0842 | K0051 | BCBST | Edited code is a component of the listed code |
| K0842 | K0052 | BCBST | Edited code is a component of the listed code |
| K0842 | K0098 | BCBST | Edited code is a component of the listed code |
| K0842 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0843 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0843 | E0971 | BCBST | Edited code is a component of the listed code |
| K0843 | E0978 | BCBST | Edited code is a component of the listed code |
| K0843 | E0981 | BCBST | Edited code is a component of the listed code |
| K0843 | E0982 | BCBST | Edited code is a component of the listed code |
| K0843 | E0995 | BCBST | Edited code is a component of the listed code |
| K0843 | E1225 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 286 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0843 | E2357 | BCBST | Edited code is a component of the listed code |
| K0843 | E2366 | BCBST | Edited code is a component of the listed code |
| K0843 | E2368 | BCBST | Edited code is a component of the listed code |
| K0843 | E2369 | BCBST | Edited code is a component of the listed code |
| K0843 | E2370 | BCBST | Edited code is a component of the listed code |
| K0843 | E2374 | BCBST | Edited code is a component of the listed code |
| K0843 | E2375 | BCBST | Edited code is a component of the listed code |
| K0843 | E2376 | BCBST | Edited code is a component of the listed code |
| K0843 | E2381 | BCBST | Edited code is a component of the listed code |
| K0843 | E2382 | BCBST | Edited code is a component of the listed code |
| K0843 | E2383 | BCBST | Edited code is a component of the listed code |
| K0843 | E2384 | BCBST | Edited code is a component of the listed code |
| K0843 | E2385 | BCBST | Edited code is a component of the listed code |
| K0843 | E2386 | BCBST | Edited code is a component of the listed code |
| K0843 | E2387 | BCBST | Edited code is a component of the listed code |
| K0843 | E2388 | BCBST | Edited code is a component of the listed code |
| K0843 | E2389 | BCBST | Edited code is a component of the listed code |
| K0843 | E2390 | BCBST | Edited code is a component of the listed code |
| K0843 | E2391 | BCBST | Edited code is a component of the listed code |
| K0843 | E2392 | BCBST | Edited code is a component of the listed code |
| K0843 | E2393 | BCBST | Edited code is a component of the listed code |
| K0843 | E2394 | BCBST | Edited code is a component of the listed code |
| K0843 | E2395 | BCBST | Edited code is a component of the listed code |
| K0843 | E2396 | BCBST | Edited code is a component of the listed code |
| K0843 | K0015 | BCBST | Edited code is a component of the listed code |
| K0843 | K0017 | BCBST | Edited code is a component of the listed code |
| K0843 | K0018 | BCBST | Edited code is a component of the listed code |
| K0843 | K0019 | BCBST | Edited code is a component of the listed code |
| K0843 | K0020 | BCBST | Edited code is a component of the listed code |
| K0843 | K0037 | BCBST | Edited code is a component of the listed code |
| K0843 | K0040 | BCBST | Edited code is a component of the listed code |
| K0843 | K0041 | BCBST | Edited code is a component of the listed code |
| K0843 | K0042 | BCBST | Edited code is a component of the listed code |
| K0843 | K0043 | BCBST | Edited code is a component of the listed code |
| K0843 | K0044 | BCBST | Edited code is a component of the listed code |
| K0843 | K0045 | BCBST | Edited code is a component of the listed code |
| K0843 | K0046 | BCBST | Edited code is a component of the listed code |
| K0843 | K0047 | BCBST | Edited code is a component of the listed code |
| K0843 | K0051 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 287 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0843 | K0052 | BCBST | Edited code is a component of the listed code |
| K0843 | K0098 | BCBST | Edited code is a component of the listed code |
| K0843 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0848 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0848 | E0971 | BCBST | Edited code is a component of the listed code |
| K0848 | E0978 | BCBST | Edited code is a component of the listed code |
| K0848 | E0981 | BCBST | Edited code is a component of the listed code |
| K0848 | E0982 | BCBST | Edited code is a component of the listed code |
| K0848 | E0995 | BCBST | Edited code is a component of the listed code |
| K0848 | E1225 | BCBST | Edited code is a component of the listed code |
| K0848 | E2357 | BCBST | Edited code is a component of the listed code |
| K0848 | E2366 | BCBST | Edited code is a component of the listed code |
| K0848 | E2368 | BCBST | Edited code is a component of the listed code |
| K0848 | E2369 | BCBST | Edited code is a component of the listed code |
| K0848 | E2370 | BCBST | Edited code is a component of the listed code |
| K0848 | E2374 | BCBST | Edited code is a component of the listed code |
| K0848 | E2375 | BCBST | Edited code is a component of the listed code |
| K0848 | E2376 | BCBST | Edited code is a component of the listed code |
| K0848 | E2381 | BCBST | Edited code is a component of the listed code |
| K0848 | E2382 | BCBST | Edited code is a component of the listed code |
| K0848 | E2383 | BCBST | Edited code is a component of the listed code |
| K0848 | E2384 | BCBST | Edited code is a component of the listed code |
| K0848 | E2385 | BCBST | Edited code is a component of the listed code |
| K0848 | E2386 | BCBST | Edited code is a component of the listed code |
| K0848 | E2387 | BCBST | Edited code is a component of the listed code |
| K0848 | E2388 | BCBST | Edited code is a component of the listed code |
| K0848 | E2389 | BCBST | Edited code is a component of the listed code |
| K0848 | E2390 | BCBST | Edited code is a component of the listed code |
| K0848 | E2391 | BCBST | Edited code is a component of the listed code |
| K0848 | E2392 | BCBST | Edited code is a component of the listed code |
| K0848 | E2393 | BCBST | Edited code is a component of the listed code |
| K0848 | E2394 | BCBST | Edited code is a component of the listed code |
| K0848 | E2395 | BCBST | Edited code is a component of the listed code |
| K0848 | E2396 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 288 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0848 | K0015 | BCBST | Edited code is a component of the listed code |
| K0848 | K0017 | BCBST | Edited code is a component of the listed code |
| K0848 | K0018 | BCBST | Edited code is a component of the listed code |
| K0848 | K0019 | BCBST | Edited code is a component of the listed code |
| K0848 | K0020 | BCBST | Edited code is a component of the listed code |
| K0848 | K0037 | BCBST | Edited code is a component of the listed code |
| K0848 | K0041 | BCBST | Edited code is a component of the listed code |
| K0848 | K0042 | BCBST | Edited code is a component of the listed code |
| K0848 | K0043 | BCBST | Edited code is a component of the listed code |
| K0848 | K0044 | BCBST | Edited code is a component of the listed code |
| K0848 | K0045 | BCBST | Edited code is a component of the listed code |
| K0848 | K0046 | BCBST | Edited code is a component of the listed code |
| K0848 | K0047 | BCBST | Edited code is a component of the listed code |
| K0848 | K0051 | BCBST | Edited code is a component of the listed code |
| K0848 | K0052 | BCBST | Edited code is a component of the listed code |
| K0848 | K0098 | BCBST | Edited code is a component of the listed code |
| K0848 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0849 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0849 | E0971 | BCBST | Edited code is a component of the listed code |
| K0849 | E0978 | BCBST | Edited code is a component of the listed code |
| K0849 | E0981 | BCBST | Edited code is a component of the listed code |
| K0849 | E0982 | BCBST | Edited code is a component of the listed code |
| K0849 | E0995 | BCBST | Edited code is a component of the listed code |
| K0849 | E1225 | BCBST | Edited code is a component of the listed code |
| K0849 | E2357 | BCBST | Edited code is a component of the listed code |
| K0849 | E2366 | BCBST | Edited code is a component of the listed code |
| K0849 | E2368 | BCBST | Edited code is a component of the listed code |
| K0849 | E2369 | BCBST | Edited code is a component of the listed code |
| K0849 | E2370 | BCBST | Edited code is a component of the listed code |
| K0849 | E2374 | BCBST | Edited code is a component of the listed code |
| K0849 | E2375 | BCBST | Edited code is a component of the listed code |
| K0849 | E2376 | BCBST | Edited code is a component of the listed code |
| K0849 | E2381 | BCBST | Edited code is a component of the listed code |
| K0849 | E2382 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 289 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0849 | E2383 | BCBST | Edited code is a component of the listed code |
| K0849 | E2384 | BCBST | Edited code is a component of the listed code |
| K0849 | E2385 | BCBST | Edited code is a component of the listed code |
| K0849 | E2386 | BCBST | Edited code is a component of the listed code |
| K0849 | E2387 | BCBST | Edited code is a component of the listed code |
| K0849 | E2388 | BCBST | Edited code is a component of the listed code |
| K0849 | E2389 | BCBST | Edited code is a component of the listed code |
| K0849 | E2390 | BCBST | Edited code is a component of the listed code |
| K0849 | E2391 | BCBST | Edited code is a component of the listed code |
| K0849 | E2392 | BCBST | Edited code is a component of the listed code |
| K0849 | E2393 | BCBST | Edited code is a component of the listed code |
| K0849 | E2394 | BCBST | Edited code is a component of the listed code |
| K0849 | E2395 | BCBST | Edited code is a component of the listed code |
| K0849 | E2396 | BCBST | Edited code is a component of the listed code |
| K0849 | K0015 | BCBST | Edited code is a component of the listed code |
| K0849 | K0017 | BCBST | Edited code is a component of the listed code |
| K0849 | K0018 | BCBST | Edited code is a component of the listed code |
| K0849 | K0019 | BCBST | Edited code is a component of the listed code |
| K0849 | K0020 | BCBST | Edited code is a component of the listed code |
| K0849 | K0037 | BCBST | Edited code is a component of the listed code |
| K0849 | K0041 | BCBST | Edited code is a component of the listed code |
| K0849 | K0042 | BCBST | Edited code is a component of the listed code |
| K0849 | K0043 | BCBST | Edited code is a component of the listed code |
| K0849 | K0044 | BCBST | Edited code is a component of the listed code |
| K0849 | K0045 | BCBST | Edited code is a component of the listed code |
| K0849 | K0046 | BCBST | Edited code is a component of the listed code |
| K0849 | K0047 | BCBST | Edited code is a component of the listed code |
| K0849 | K0051 | BCBST | Edited code is a component of the listed code |
| K0849 | K0052 | BCBST | Edited code is a component of the listed code |
| K0849 | K0098 | BCBST | Edited code is a component of the listed code |
| K0849 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0850 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0850 | E0971 | BCBST | Edited code is a component of the listed code |
| K0850 | E0978 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 290 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0850 | E0981 | BCBST | Edited code is a component of the listed code |
| K0850 | E0982 | BCBST | Edited code is a component of the listed code |
| K0850 | E0995 | BCBST | Edited code is a component of the listed code |
| K0850 | E1225 | BCBST | Edited code is a component of the listed code |
| K0850 | E2357 | BCBST | Edited code is a component of the listed code |
| K0850 | E2366 | BCBST | Edited code is a component of the listed code |
| K0850 | E2368 | BCBST | Edited code is a component of the listed code |
| K0850 | E2369 | BCBST | Edited code is a component of the listed code |
| K0850 | E2370 | BCBST | Edited code is a component of the listed code |
| K0850 | E2374 | BCBST | Edited code is a component of the listed code |
| K0850 | E2375 | BCBST | Edited code is a component of the listed code |
| K0850 | E2376 | BCBST | Edited code is a component of the listed code |
| K0850 | E2381 | BCBST | Edited code is a component of the listed code |
| K0850 | E2382 | BCBST | Edited code is a component of the listed code |
| K0850 | E2383 | BCBST | Edited code is a component of the listed code |
| K0850 | E2384 | BCBST | Edited code is a component of the listed code |
| K0850 | E2385 | BCBST | Edited code is a component of the listed code |
| K0850 | E2386 | BCBST | Edited code is a component of the listed code |
| K0850 | E2387 | BCBST | Edited code is a component of the listed code |
| K0850 | E2388 | BCBST | Edited code is a component of the listed code |
| K0850 | E2389 | BCBST | Edited code is a component of the listed code |
| K0850 | E2390 | BCBST | Edited code is a component of the listed code |
| K0850 | E2391 | BCBST | Edited code is a component of the listed code |
| K0850 | E2392 | BCBST | Edited code is a component of the listed code |
| K0850 | E2393 | BCBST | Edited code is a component of the listed code |
| K0850 | E2394 | BCBST | Edited code is a component of the listed code |
| K0850 | E2395 | BCBST | Edited code is a component of the listed code |
| K0850 | E2396 | BCBST | Edited code is a component of the listed code |
| K0850 | K0015 | BCBST | Edited code is a component of the listed code |
| K0850 | K0017 | BCBST | Edited code is a component of the listed code |
| K0850 | K0018 | BCBST | Edited code is a component of the listed code |
| K0850 | K0019 | BCBST | Edited code is a component of the listed code |
| K0850 | K0020 | BCBST | Edited code is a component of the listed code |
| K0850 | K0037 | BCBST | Edited code is a component of the listed code |
| K0850 | K0041 | BCBST | Edited code is a component of the listed code |
| K0850 | K0042 | BCBST | Edited code is a component of the listed code |
| K0850 | K0043 | BCBST | Edited code is a component of the listed code |
| K0850 | K0044 | BCBST | Edited code is a component of the listed code |
| K0850 | K0045 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 291 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | _ | | and modificate of the Danial High Paris |
|--------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| K0850 | K0046 | BCBST | Edited code is a component of the listed code |
| K0850 | K0047 | BCBST | Edited code is a component of the listed code |
| K0850 | K0051 | BCBST | Edited code is a component of the listed code |
| K0850 | K0052 | BCBST | Edited code is a component of the listed code |
| K0850 | K0098 | BCBST | Edited code is a component of the listed code |
| K0850 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0851 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0851 | E0971 | BCBST | Edited code is a component of the listed code |
| K0851 | E0978 | BCBST | Edited code is a component of the listed code |
| K0851 | E0981 | BCBST | Edited code is a component of the listed code |
| K0851 | E0982 | BCBST | Edited code is a component of the listed code |
| K0851 | E0995 | BCBST | Edited code is a component of the listed code |
| K0851 | E1225 | BCBST | Edited code is a component of the listed code |
| K0851 | E2357 | BCBST | Edited code is a component of the listed code |
| K0851 | E2366 | BCBST | Edited code is a component of the listed code |
| K0851 | E2368 | BCBST | Edited code is a component of the listed code |
| K0851 | E2369 | BCBST | Edited code is a component of the listed code |
| K0851 | E2370 | BCBST | Edited code is a component of the listed code |
| K0851 | E2374 | BCBST | Edited code is a component of the listed code |
| K0851 | E2375 | BCBST | Edited code is a component of the listed code |
| K0851 | E2376 | BCBST | Edited code is a component of the listed code |
| K0851 | E2381 | BCBST | Edited code is a component of the listed code |
| K0851 | E2382 | BCBST | Edited code is a component of the listed code |
| K0851 | E2383 | BCBST | Edited code is a component of the listed code |
| K0851 | E2384 | BCBST | Edited code is a component of the listed code |
| K0851 | E2385 | BCBST | Edited code is a component of the listed code |
| K0851 | E2386 | BCBST | Edited code is a component of the listed code |
| K0851 | E2387 | BCBST | Edited code is a component of the listed code |
| K0851 | E2388 | BCBST | Edited code is a component of the listed code |
| K0851 | E2389 | BCBST | Edited code is a component of the listed code |
| K0851 | E2390 | BCBST | Edited code is a component of the listed code |
| K0851 | E2391 | BCBST | Edited code is a component of the listed code |
| K0851 | E2392 | BCBST | Edited code is a component of the listed code |
| K0851 | E2393 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 292 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0851 | E2394 | BCBST | Edited code is a component of the listed code |
| K0851 | E2395 | BCBST | Edited code is a component of the listed code |
| K0851 | E2396 | BCBST | Edited code is a component of the listed code |
| K0851 | K0015 | BCBST | Edited code is a component of the listed code |
| K0851 | K0017 | BCBST | Edited code is a component of the listed code |
| K0851 | K0018 | BCBST | Edited code is a component of the listed code |
| K0851 | K0019 | BCBST | Edited code is a component of the listed code |
| K0851 | K0020 | BCBST | Edited code is a component of the listed code |
| K0851 | K0037 | BCBST | Edited code is a component of the listed code |
| K0851 | K0041 | BCBST | Edited code is a component of the listed code |
| K0851 | K0042 | BCBST | Edited code is a component of the listed code |
| K0851 | K0043 | BCBST | Edited code is a component of the listed code |
| K0851 | K0044 | BCBST | Edited code is a component of the listed code |
| K0851 | K0045 | BCBST | Edited code is a component of the listed code |
| K0851 | K0046 | BCBST | Edited code is a component of the listed code |
| K0851 | K0047 | BCBST | Edited code is a component of the listed code |
| K0851 | K0051 | BCBST | Edited code is a component of the listed code |
| K0851 | K0052 | BCBST | Edited code is a component of the listed code |
| K0851 | K0098 | BCBST | Edited code is a component of the listed code |
| K0851 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0852 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0852 | E0971 | BCBST | Edited code is a component of the listed code |
| K0852 | E0978 | BCBST | Edited code is a component of the listed code |
| K0852 | E0981 | BCBST | Edited code is a component of the listed code |
| K0852 | E0982 | BCBST | Edited code is a component of the listed code |
| K0852 | E0995 | BCBST | Edited code is a component of the listed code |
| K0852 | E1225 | BCBST | Edited code is a component of the listed code |
| K0852 | E2357 | BCBST | Edited code is a component of the listed code |
| K0852 | E2366 | BCBST | Edited code is a component of the listed code |
| K0852 | E2368 | BCBST | Edited code is a component of the listed code |
| K0852 | E2369 | BCBST | Edited code is a component of the listed code |
| K0852 | E2370 | BCBST | Edited code is a component of the listed code |
| K0852 | E2374 | BCBST | Edited code is a component of the listed code |
| K0852 | E2375 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 293 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0852 | E2376 | BCBST | Edited code is a component of the listed code |
| K0852 | E2381 | BCBST | Edited code is a component of the listed code |
| K0852 | E2382 | BCBST | Edited code is a component of the listed code |
| K0852 | E2383 | BCBST | Edited code is a component of the listed code |
| K0852 | E2384 | BCBST | Edited code is a component of the listed code |
| K0852 | E2385 | BCBST | Edited code is a component of the listed code |
| K0852 | E2386 | BCBST | Edited code is a component of the listed code |
| K0852 | E2387 | BCBST | Edited code is a component of the listed code |
| K0852 | E2388 | BCBST | Edited code is a component of the listed code |
| K0852 | E2389 | BCBST | Edited code is a component of the listed code |
| K0852 | E2390 | BCBST | Edited code is a component of the listed code |
| K0852 | E2391 | BCBST | Edited code is a component of the listed code |
| K0852 | E2392 | BCBST | Edited code is a component of the listed code |
| K0852 | E2393 | BCBST | Edited code is a component of the listed code |
| K0852 | E2394 | BCBST | Edited code is a component of the listed code |
| K0852 | E2395 | BCBST | Edited code is a component of the listed code |
| K0852 | E2396 | BCBST | Edited code is a component of the listed code |
| K0852 | K0015 | BCBST | Edited code is a component of the listed code |
| K0852 | K0017 | BCBST | Edited code is a component of the listed code |
| K0852 | K0018 | BCBST | Edited code is a component of the listed code |
| K0852 | K0019 | BCBST | Edited code is a component of the listed code |
| K0852 | K0020 | BCBST | Edited code is a component of the listed code |
| K0852 | K0037 | BCBST | Edited code is a component of the listed code |
| K0852 | K0041 | BCBST | Edited code is a component of the listed code |
| K0852 | K0042 | BCBST | Edited code is a component of the listed code |
| K0852 | K0043 | BCBST | Edited code is a component of the listed code |
| K0852 | K0044 | BCBST | Edited code is a component of the listed code |
| K0852 | K0045 | BCBST | Edited code is a component of the listed code |
| K0852 | K0046 | BCBST | Edited code is a component of the listed code |
| K0852 | K0047 | BCBST | Edited code is a component of the listed code |
| K0852 | K0051 | BCBST | Edited code is a component of the listed code |
| K0852 | K0052 | BCBST | Edited code is a component of the listed code |
| K0852 | K0098 | BCBST | Edited code is a component of the listed code |
| K0852 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 294 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0853 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0853 | E0971 | BCBST | Edited code is a component of the listed code |
| K0853 | E0978 | BCBST | Edited code is a component of the listed code |
| K0853 | E0981 | BCBST | Edited code is a component of the listed code |
| K0853 | E0982 | BCBST | Edited code is a component of the listed code |
| K0853 | E0995 | BCBST | Edited code is a component of the listed code |
| K0853 | E1225 | BCBST | Edited code is a component of the listed code |
| K0853 | E2357 | BCBST | Edited code is a component of the listed code |
| K0853 | E2366 | BCBST | Edited code is a component of the listed code |
| K0853 | E2368 | BCBST | Edited code is a component of the listed code |
| K0853 | E2369 | BCBST | Edited code is a component of the listed code |
| K0853 | E2370 | BCBST | Edited code is a component of the listed code |
| K0853 | E2374 | BCBST | Edited code is a component of the listed code |
| K0853 | E2375 | BCBST | Edited code is a component of the listed code |
| K0853 | E2376 | BCBST | Edited code is a component of the listed code |
| K0853 | E2381 | BCBST | Edited code is a component of the listed code |
| K0853 | E2382 | BCBST | Edited code is a component of the listed code |
| K0853 | E2383 | BCBST | Edited code is a component of the listed code |
| K0853 | E2384 | BCBST | Edited code is a component of the listed code |
| K0853 | E2385 | BCBST | Edited code is a component of the listed code |
| K0853 | E2386 | BCBST | Edited code is a component of the listed code |
| K0853 | E2387 | BCBST | Edited code is a component of the listed code |
| K0853 | E2388 | BCBST | Edited code is a component of the listed code |
| K0853 | E2389 | BCBST | Edited code is a component of the listed code |
| K0853 | E2390 | BCBST | Edited code is a component of the listed code |
| K0853 | E2391 | BCBST | Edited code is a component of the listed code |
| K0853 | E2392 | BCBST | Edited code is a component of the listed code |
| K0853 | E2393 | BCBST | Edited code is a component of the listed code |
| K0853 | E2394 | BCBST | Edited code is a component of the listed code |
| K0853 | E2395 | BCBST | Edited code is a component of the listed code |
| K0853 | E2396 | BCBST | Edited code is a component of the listed code |
| K0853 | K0015 | BCBST | Edited code is a component of the listed code |
| K0853 | K0017 | BCBST | Edited code is a component of the listed code |
| K0853 | K0018 | BCBST | Edited code is a component of the listed code |
| K0853 | K0019 | BCBST | Edited code is a component of the listed code |
| K0853 | K0020 | BCBST | Edited code is a component of the listed code |
| K0853 | K0037 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 295 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0853 | K0041 | BCBST | Edited code is a component of the listed code |
| K0853 | K0042 | BCBST | Edited code is a component of the listed code |
| K0853 | K0043 | BCBST | Edited code is a component of the listed code |
| K0853 | K0044 | BCBST | Edited code is a component of the listed code |
| K0853 | K0045 | BCBST | Edited code is a component of the listed code |
| K0853 | K0046 | BCBST | Edited code is a component of the listed code |
| K0853 | K0047 | BCBST | Edited code is a component of the listed code |
| K0853 | K0051 | BCBST | Edited code is a component of the listed code |
| K0853 | K0052 | BCBST | Edited code is a component of the listed code |
| K0853 | K0098 | BCBST | Edited code is a component of the listed code |
| K0853 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0854 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0854 | E0971 | BCBST | Edited code is a component of the listed code |
| K0854 | E0978 | BCBST | Edited code is a component of the listed code |
| K0854 | E0981 | BCBST | Edited code is a component of the listed code |
| K0854 | E0982 | BCBST | Edited code is a component of the listed code |
| K0854 | E0995 | BCBST | Edited code is a component of the listed code |
| K0854 | E1225 | BCBST | Edited code is a component of the listed code |
| K0854 | E2357 | BCBST | Edited code is a component of the listed code |
| K0854 | E2366 | BCBST | Edited code is a component of the listed code |
| K0854 | E2368 | BCBST | Edited code is a component of the listed code |
| K0854 | E2369 | BCBST | Edited code is a component of the listed code |
| K0854 | E2370 | BCBST | Edited code is a component of the listed code |
| K0854 | E2374 | BCBST | Edited code is a component of the listed code |
| K0854 | E2375 | BCBST | Edited code is a component of the listed code |
| K0854 | E2376 | BCBST | Edited code is a component of the listed code |
| K0854 | E2381 | BCBST | Edited code is a component of the listed code |
| K0854 | E2382 | BCBST | Edited code is a component of the listed code |
| K0854 | E2383 | BCBST | Edited code is a component of the listed code |
| K0854 | E2384 | BCBST | Edited code is a component of the listed code |
| K0854 | E2385 | BCBST | Edited code is a component of the listed code |
| K0854 | E2386 | BCBST | Edited code is a component of the listed code |
| K0854 | E2387 | BCBST | Edited code is a component of the listed code |
| K0854 | E2388 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 296 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0854 | E2389 | BCBST | Edited code is a component of the listed code |
| K0854 | E2390 | BCBST | Edited code is a component of the listed code |
| K0854 | E2391 | BCBST | Edited code is a component of the listed code |
| K0854 | E2392 | BCBST | Edited code is a component of the listed code |
| K0854 | E2393 | BCBST | Edited code is a component of the listed code |
| K0854 | E2394 | BCBST | Edited code is a component of the listed code |
| K0854 | E2395 | BCBST | Edited code is a component of the listed code |
| K0854 | E2396 | BCBST | Edited code is a component of the listed code |
| K0854 | K0015 | BCBST | Edited code is a component of the listed code |
| K0854 | K0017 | BCBST | Edited code is a component of the listed code |
| K0854 | K0018 | BCBST | Edited code is a component of the listed code |
| K0854 | K0019 | BCBST | Edited code is a component of the listed code |
| K0854 | K0020 | BCBST | Edited code is a component of the listed code |
| K0854 | K0037 | BCBST | Edited code is a component of the listed code |
| K0854 | K0041 | BCBST | Edited code is a component of the listed code |
| K0854 | K0042 | BCBST | Edited code is a component of the listed code |
| K0854 | K0043 | BCBST | Edited code is a component of the listed code |
| K0854 | K0044 | BCBST | Edited code is a component of the listed code |
| K0854 | K0045 | BCBST | Edited code is a component of the listed code |
| K0854 | K0046 | BCBST | Edited code is a component of the listed code |
| K0854 | K0047 | BCBST | Edited code is a component of the listed code |
| K0854 | K0051 | BCBST | Edited code is a component of the listed code |
| K0854 | K0052 | BCBST | Edited code is a component of the listed code |
| K0854 | K0098 | BCBST | Edited code is a component of the listed code |
| K0854 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0855 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0855 | E0971 | BCBST | Edited code is a component of the listed code |
| K0855 | E0978 | BCBST | Edited code is a component of the listed code |
| K0855 | E0981 | BCBST | Edited code is a component of the listed code |
| K0855 | E0982 | BCBST | Edited code is a component of the listed code |
| K0855 | E0995 | BCBST | Edited code is a component of the listed code |
| K0855 | E1225 | BCBST | Edited code is a component of the listed code |
| K0855 | E2357 | BCBST | Edited code is a component of the listed code |
| K0855 | E2366 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 297 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0855 | E2368 | BCBST | Edited code is a component of the listed code |
| K0855 | E2369 | BCBST | Edited code is a component of the listed code |
| K0855 | E2370 | BCBST | Edited code is a component of the listed code |
| K0855 | E2374 | BCBST | Edited code is a component of the listed code |
| K0855 | E2375 | BCBST | Edited code is a component of the listed code |
| K0855 | E2376 | BCBST | Edited code is a component of the listed code |
| K0855 | E2381 | BCBST | Edited code is a component of the listed code |
| K0855 | E2382 | BCBST | Edited code is a component of the listed code |
| K0855 | E2383 | BCBST | Edited code is a component of the listed code |
| K0855 | E2384 | BCBST | Edited code is a component of the listed code |
| K0855 | E2385 | BCBST | Edited code is a component of the listed code |
| K0855 | E2386 | BCBST | Edited code is a component of the listed code |
| K0855 | E2387 | BCBST | Edited code is a component of the listed code |
| K0855 | E2388 | BCBST | Edited code is a component of the listed code |
| K0855 | E2389 | BCBST | Edited code is a component of the listed code |
| K0855 | E2390 | BCBST | Edited code is a component of the listed code |
| K0855 | E2391 | BCBST | Edited code is a component of the listed code |
| K0855 | E2392 | BCBST | Edited code is a component of the listed code |
| K0855 | E2393 | BCBST | Edited code is a component of the listed code |
| K0855 | E2394 | BCBST | Edited code is a component of the listed code |
| K0855 | E2395 | BCBST | Edited code is a component of the listed code |
| K0855 | E2396 | BCBST | Edited code is a component of the listed code |
| K0855 | K0015 | BCBST | Edited code is a component of the listed code |
| K0855 | K0017 | BCBST | Edited code is a component of the listed code |
| K0855 | K0018 | BCBST | Edited code is a component of the listed code |
| K0855 | K0019 | BCBST | Edited code is a component of the listed code |
| K0855 | K0020 | BCBST | Edited code is a component of the listed code |
| K0855 | K0037 | BCBST | Edited code is a component of the listed code |
| K0855 | K0041 | BCBST | Edited code is a component of the listed code |
| K0855 | K0042 | BCBST | Edited code is a component of the listed code |
| K0855 | K0043 | BCBST | Edited code is a component of the listed code |
| K0855 | K0044 | BCBST | Edited code is a component of the listed code |
| K0855 | K0045 | BCBST | Edited code is a component of the listed code |
| K0855 | K0046 | BCBST | Edited code is a component of the listed code |
| K0855 | K0047 | BCBST | Edited code is a component of the listed code |
| K0855 | K0051 | BCBST | Edited code is a component of the listed code |
| K0855 | K0052 | BCBST | Edited code is a component of the listed code |
| K0855 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 298 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0855 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0856 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0856 | E0971 | BCBST | Edited code is a component of the listed code |
| K0856 | E0978 | BCBST | Edited code is a component of the listed code |
| K0856 | E0981 | BCBST | Edited code is a component of the listed code |
| K0856 | E0982 | BCBST | Edited code is a component of the listed code |
| K0856 | E0995 | BCBST | Edited code is a component of the listed code |
| K0856 | E1225 | BCBST | Edited code is a component of the listed code |
| K0856 | E2357 | BCBST | Edited code is a component of the listed code |
| K0856 | E2366 | BCBST | Edited code is a component of the listed code |
| K0856 | E2368 | BCBST | Edited code is a component of the listed code |
| K0856 | E2369 | BCBST | Edited code is a component of the listed code |
| K0856 | E2370 | BCBST | Edited code is a component of the listed code |
| K0856 | E2374 | BCBST | Edited code is a component of the listed code |
| K0856 | E2375 | BCBST | Edited code is a component of the listed code |
| K0856 | E2376 | BCBST | Edited code is a component of the listed code |
| K0856 | E2381 | BCBST | Edited code is a component of the listed code |
| K0856 | E2382 | BCBST | Edited code is a component of the listed code |
| K0856 | E2383 | BCBST | Edited code is a component of the listed code |
| K0856 | E2384 | BCBST | Edited code is a component of the listed code |
| K0856 | E2385 | BCBST | Edited code is a component of the listed code |
| K0856 | E2386 | BCBST | Edited code is a component of the listed code |
| K0856 | E2387 | BCBST | Edited code is a component of the listed code |
| K0856 | E2388 | BCBST | Edited code is a component of the listed code |
| K0856 | E2389 | BCBST | Edited code is a component of the listed code |
| K0856 | E2390 | BCBST | Edited code is a component of the listed code |
| K0856 | E2391 | BCBST | Edited code is a component of the listed code |
| K0856 | E2392 | BCBST | Edited code is a component of the listed code |
| K0856 | E2393 | BCBST | Edited code is a component of the listed code |
| K0856 | E2394 | BCBST | Edited code is a component of the listed code |
| K0856 | E2395 | BCBST | Edited code is a component of the listed code |
| K0856 | E2396 | BCBST | Edited code is a component of the listed code |
| K0856 | K0015 | BCBST | Edited code is a component of the listed code |
| K0856 | K0017 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 299 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0856 | K0018 | BCBST | Edited code is a component of the listed code |
| K0856 | K0019 | BCBST | Edited code is a component of the listed code |
| K0856 | K0020 | BCBST | Edited code is a component of the listed code |
| K0856 | K0037 | BCBST | Edited code is a component of the listed code |
| K0856 | K0041 | BCBST | Edited code is a component of the listed code |
| K0856 | K0042 | BCBST | Edited code is a component of the listed code |
| K0856 | K0043 | BCBST | Edited code is a component of the listed code |
| K0856 | K0044 | BCBST | Edited code is a component of the listed code |
| K0856 | K0045 | BCBST | Edited code is a component of the listed code |
| K0856 | K0046 | BCBST | Edited code is a component of the listed code |
| K0856 | K0047 | BCBST | Edited code is a component of the listed code |
| K0856 | K0051 | BCBST | Edited code is a component of the listed code |
| K0856 | K0052 | BCBST | Edited code is a component of the listed code |
| K0856 | K0098 | BCBST | Edited code is a component of the listed code |
| K0856 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0857 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0857 | E0971 | BCBST | Edited code is a component of the listed code |
| K0857 | E0978 | BCBST | Edited code is a component of the listed code |
| K0857 | E0981 | BCBST | Edited code is a component of the listed code |
| K0857 | E0982 | BCBST | Edited code is a component of the listed code |
| K0857 | E0995 | BCBST | Edited code is a component of the listed code |
| K0857 | E1225 | BCBST | Edited code is a component of the listed code |
| K0857 | E2357 | BCBST | Edited code is a component of the listed code |
| K0857 | E2366 | BCBST | Edited code is a component of the listed code |
| K0857 | E2368 | BCBST | Edited code is a component of the listed code |
| K0857 | E2369 | BCBST | Edited code is a component of the listed code |
| K0857 | E2370 | BCBST | Edited code is a component of the listed code |
| K0857 | E2374 | BCBST | Edited code is a component of the listed code |
| K0857 | E2375 | BCBST | Edited code is a component of the listed code |
| K0857 | E2376 | BCBST | Edited code is a component of the listed code |
| K0857 | E2381 | BCBST | Edited code is a component of the listed code |
| K0857 | E2382 | BCBST | Edited code is a component of the listed code |
| K0857 | E2383 | BCBST | Edited code is a component of the listed code |
| K0857 | E2384 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 300 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0857 | E2385 | BCBST | Edited code is a component of the listed code |
| K0857 | E2386 | BCBST | Edited code is a component of the listed code |
| K0857 | E2387 | BCBST | Edited code is a component of the listed code |
| K0857 | E2388 | BCBST | Edited code is a component of the listed code |
| K0857 | E2389 | BCBST | Edited code is a component of the listed code |
| K0857 | E2390 | BCBST | Edited code is a component of the listed code |
| K0857 | E2391 | BCBST | Edited code is a component of the listed code |
| K0857 | E2392 | BCBST | Edited code is a component of the listed code |
| K0857 | E2393 | BCBST | Edited code is a component of the listed code |
| K0857 | E2394 | BCBST | Edited code is a component of the listed code |
| K0857 | E2395 | BCBST | Edited code is a component of the listed code |
| K0857 | E2396 | BCBST | Edited code is a component of the listed code |
| K0857 | K0015 | BCBST | Edited code is a component of the listed code |
| K0857 | K0017 | BCBST | Edited code is a component of the listed code |
| K0857 | K0018 | BCBST | Edited code is a component of the listed code |
| K0857 | K0019 | BCBST | Edited code is a component of the listed code |
| K0857 | K0020 | BCBST | Edited code is a component of the listed code |
| K0857 | K0037 | BCBST | Edited code is a component of the listed code |
| K0857 | K0041 | BCBST | Edited code is a component of the listed code |
| K0857 | K0042 | BCBST | Edited code is a component of the listed code |
| K0857 | K0043 | BCBST | Edited code is a component of the listed code |
| K0857 | K0044 | BCBST | Edited code is a component of the listed code |
| K0857 | K0045 | BCBST | Edited code is a component of the listed code |
| K0857 | K0046 | BCBST | Edited code is a component of the listed code |
| K0857 | K0047 | BCBST | Edited code is a component of the listed code |
| K0857 | K0051 | BCBST | Edited code is a component of the listed code |
| K0857 | K0052 | BCBST | Edited code is a component of the listed code |
| K0857 | K0098 | BCBST | Edited code is a component of the listed code |
| K0857 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0858 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0858 | E0971 | BCBST | Edited code is a component of the listed code |
| K0858 | E0978 | BCBST | Edited code is a component of the listed code |
| K0858 | E0981 | BCBST | Edited code is a component of the listed code |
| K0858 | E0982 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 301 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0858 | E0995 | BCBST | Edited code is a component of the listed code |
| K0858 | E1225 | BCBST | Edited code is a component of the listed code |
| K0858 | E2357 | BCBST | Edited code is a component of the listed code |
| K0858 | E2366 | BCBST | Edited code is a component of the listed code |
| K0858 | E2368 | BCBST | Edited code is a component of the listed code |
| K0858 | E2369 | BCBST | Edited code is a component of the listed code |
| K0858 | E2370 | BCBST | Edited code is a component of the listed code |
| K0858 | E2374 | BCBST | Edited code is a component of the listed code |
| K0858 | E2375 | BCBST | Edited code is a component of the listed code |
| K0858 | E2376 | BCBST | Edited code is a component of the listed code |
| K0858 | E2381 | BCBST | Edited code is a component of the listed code |
| K0858 | E2382 | BCBST | Edited code is a component of the listed code |
| K0858 | E2383 | BCBST | Edited code is a component of the listed code |
| K0858 | E2384 | BCBST | Edited code is a component of the listed code |
| K0858 | E2385 | BCBST | Edited code is a component of the listed code |
| K0858 | E2386 | BCBST | Edited code is a component of the listed code |
| K0858 | E2387 | BCBST | Edited code is a component of the listed code |
| K0858 | E2388 | BCBST | Edited code is a component of the listed code |
| K0858 | E2389 | BCBST | Edited code is a component of the listed code |
| K0858 | E2390 | BCBST | Edited code is a component of the listed code |
| K0858 | E2391 | BCBST | Edited code is a component of the listed code |
| K0858 | E2392 | BCBST | Edited code is a component of the listed code |
| K0858 | E2393 | BCBST | Edited code is a component of the listed code |
| K0858 | E2394 | BCBST | Edited code is a component of the listed code |
| K0858 | E2395 | BCBST | Edited code is a component of the listed code |
| K0858 | E2396 | BCBST | Edited code is a component of the listed code |
| K0858 | K0015 | BCBST | Edited code is a component of the listed code |
| K0858 | K0017 | BCBST | Edited code is a component of the listed code |
| K0858 | K0018 | BCBST | Edited code is a component of the listed code |
| K0858 | K0019 | BCBST | Edited code is a component of the listed code |
| K0858 | K0020 | BCBST | Edited code is a component of the listed code |
| K0858 | K0037 | BCBST | Edited code is a component of the listed code |
| K0858 | K0041 | BCBST | Edited code is a component of the listed code |
| K0858 | K0042 | BCBST | Edited code is a component of the listed code |
| K0858 | K0043 | BCBST | Edited code is a component of the listed code |
| K0858 | K0044 | BCBST | Edited code is a component of the listed code |
| K0858 | K0045 | BCBST | Edited code is a component of the listed code |
| K0858 | K0046 | BCBST | Edited code is a component of the listed code |
| K0858 | K0047 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 302 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0858 | K0051 | BCBST | Edited code is a component of the listed code |
| K0858 | K0052 | BCBST | Edited code is a component of the listed code |
| K0858 | K0098 | BCBST | Edited code is a component of the listed code |
| K0858 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0859 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0859 | E0971 | BCBST | Edited code is a component of the listed code |
| K0859 | E0978 | BCBST | Edited code is a component of the listed code |
| K0859 | E0981 | BCBST | Edited code is a component of the listed code |
| K0859 | E0982 | BCBST | Edited code is a component of the listed code |
| K0859 | E0995 | BCBST | Edited code is a component of the listed code |
| K0859 | E1225 | BCBST | Edited code is a component of the listed code |
| K0859 | E2357 | BCBST | Edited code is a component of the listed code |
| K0859 | E2366 | BCBST | Edited code is a component of the listed code |
| K0859 | E2368 | BCBST | Edited code is a component of the listed code |
| K0859 | E2369 | BCBST | Edited code is a component of the listed code |
| K0859 | E2370 | BCBST | Edited code is a component of the listed code |
| K0859 | E2374 | BCBST | Edited code is a component of the listed code |
| K0859 | E2375 | BCBST | Edited code is a component of the listed code |
| K0859 | E2376 | BCBST | Edited code is a component of the listed code |
| K0859 | E2381 | BCBST | Edited code is a component of the listed code |
| K0859 | E2382 | BCBST | Edited code is a component of the listed code |
| K0859 | E2383 | BCBST | Edited code is a component of the listed code |
| K0859 | E2384 | BCBST | Edited code is a component of the listed code |
| K0859 | E2385 | BCBST | Edited code is a component of the listed code |
| K0859 | E2386 | BCBST | Edited code is a component of the listed code |
| K0859 | E2387 | BCBST | Edited code is a component of the listed code |
| K0859 | E2388 | BCBST | Edited code is a component of the listed code |
| K0859 | E2389 | BCBST | Edited code is a component of the listed code |
| K0859 | E2390 | BCBST | Edited code is a component of the listed code |
| K0859 | E2391 | BCBST | Edited code is a component of the listed code |
| K0859 | E2392 | BCBST | Edited code is a component of the listed code |
| K0859 | E2393 | BCBST | Edited code is a component of the listed code |
| K0859 | E2394 | BCBST | Edited code is a component of the listed code |
| K0859 | E2395 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 303 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0859 | E2396 | BCBST | Edited code is a component of the listed code |
| K0859 | K0015 | BCBST | Edited code is a component of the listed code |
| K0859 | K0017 | BCBST | Edited code is a component of the listed code |
| K0859 | K0018 | BCBST | Edited code is a component of the listed code |
| K0859 | K0019 | BCBST | Edited code is a component of the listed code |
| K0859 | K0020 | BCBST | Edited code is a component of the listed code |
| K0859 | K0037 | BCBST | Edited code is a component of the listed code |
| K0859 | K0041 | BCBST | Edited code is a component of the listed code |
| K0859 | K0042 | BCBST | Edited code is a component of the listed code |
| K0859 | K0043 | BCBST | Edited code is a component of the listed code |
| K0859 | K0044 | BCBST | Edited code is a component of the listed code |
| K0859 | K0045 | BCBST | Edited code is a component of the listed code |
| K0859 | K0046 | BCBST | Edited code is a component of the listed code |
| K0859 | K0047 | BCBST | Edited code is a component of the listed code |
| K0859 | K0051 | BCBST | Edited code is a component of the listed code |
| K0859 | K0052 | BCBST | Edited code is a component of the listed code |
| K0859 | K0098 | BCBST | Edited code is a component of the listed code |
| K0859 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0860 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0860 | E0971 | BCBST | Edited code is a component of the listed code |
| K0860 | E0978 | BCBST | Edited code is a component of the listed code |
| K0860 | E0981 | BCBST | Edited code is a component of the listed code |
| K0860 | E0982 | BCBST | Edited code is a component of the listed code |
| K0860 | E0995 | BCBST | Edited code is a component of the listed code |
| K0860 | E1225 | BCBST | Edited code is a component of the listed code |
| K0860 | E2357 | BCBST | Edited code is a component of the listed code |
| K0860 | E2366 | BCBST | Edited code is a component of the listed code |
| K0860 | E2368 | BCBST | Edited code is a component of the listed code |
| K0860 | E2369 | BCBST | Edited code is a component of the listed code |
| K0860 | E2370 | BCBST | Edited code is a component of the listed code |
| K0860 | E2374 | BCBST | Edited code is a component of the listed code |
| K0860 | E2375 | BCBST | Edited code is a component of the listed code |
| K0860 | E2376 | BCBST | Edited code is a component of the listed code |
| K0860 | E2381 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 304 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0860 | E2382 | BCBST | Edited code is a component of the listed code |
| K0860 | E2383 | BCBST | Edited code is a component of the listed code |
| K0860 | E2384 | BCBST | Edited code is a component of the listed code |
| K0860 | E2385 | BCBST | Edited code is a component of the listed code |
| K0860 | E2386 | BCBST | Edited code is a component of the listed code |
| K0860 | E2387 | BCBST | Edited code is a component of the listed code |
| K0860 | E2388 | BCBST | Edited code is a component of the listed code |
| K0860 | E2389 | BCBST | Edited code is a component of the listed code |
| K0860 | E2390 | BCBST | Edited code is a component of the listed code |
| K0860 | E2391 | BCBST | Edited code is a component of the listed code |
| K0860 | E2392 | BCBST | Edited code is a component of the listed code |
| K0860 | E2393 | BCBST | Edited code is a component of the listed code |
| K0860 | E2394 | BCBST | Edited code is a component of the listed code |
| K0860 | E2395 | BCBST | Edited code is a component of the listed code |
| K0860 | E2396 | BCBST | Edited code is a component of the listed code |
| K0860 | K0015 | BCBST | Edited code is a component of the listed code |
| K0860 | K0017 | BCBST | Edited code is a component of the listed code |
| K0860 | K0018 | BCBST | Edited code is a component of the listed code |
| K0860 | K0019 | BCBST | Edited code is a component of the listed code |
| K0860 | K0020 | BCBST | Edited code is a component of the listed code |
| K0860 | K0037 | BCBST | Edited code is a component of the listed code |
| K0860 | K0041 | BCBST | Edited code is a component of the listed code |
| K0860 | K0042 | BCBST | Edited code is a component of the listed code |
| K0860 | K0043 | BCBST | Edited code is a component of the listed code |
| K0860 | K0044 | BCBST | Edited code is a component of the listed code |
| K0860 | K0045 | BCBST | Edited code is a component of the listed code |
| K0860 | K0046 | BCBST | Edited code is a component of the listed code |
| K0860 | K0047 | BCBST | Edited code is a component of the listed code |
| K0860 | K0051 | BCBST | Edited code is a component of the listed code |
| K0860 | K0052 | BCBST | Edited code is a component of the listed code |
| K0860 | K0098 | BCBST | Edited code is a component of the listed code |
| K0860 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0861 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0861 | E0971 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 305 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0861 | E0978 | BCBST | Edited code is a component of the listed code |
| K0861 | E0981 | BCBST | Edited code is a component of the listed code |
| K0861 | E0982 | BCBST | Edited code is a component of the listed code |
| K0861 | E0995 | BCBST | Edited code is a component of the listed code |
| K0861 | E1225 | BCBST | Edited code is a component of the listed code |
| K0861 | E2357 | BCBST | Edited code is a component of the listed code |
| K0861 | E2366 | BCBST | Edited code is a component of the listed code |
| K0861 | E2368 | BCBST | Edited code is a component of the listed code |
| K0861 | E2369 | BCBST | Edited code is a component of the listed code |
| K0861 | E2370 | BCBST | Edited code is a component of the listed code |
| K0861 | E2374 | BCBST | Edited code is a component of the listed code |
| K0861 | E2375 | BCBST | Edited code is a component of the listed code |
| K0861 | E2376 | BCBST | Edited code is a component of the listed code |
| K0861 | E2381 | BCBST | Edited code is a component of the listed code |
| K0861 | E2382 | BCBST | Edited code is a component of the listed code |
| K0861 | E2383 | BCBST | Edited code is a component of the listed code |
| K0861 | E2384 | BCBST | Edited code is a component of the listed code |
| K0861 | E2385 | BCBST | Edited code is a component of the listed code |
| K0861 | E2386 | BCBST | Edited code is a component of the listed code |
| K0861 | E2387 | BCBST | Edited code is a component of the listed code |
| K0861 | E2388 | BCBST | Edited code is a component of the listed code |
| K0861 | E2389 | BCBST | Edited code is a component of the listed code |
| K0861 | E2390 | BCBST | Edited code is a component of the listed code |
| K0861 | E2391 | BCBST | Edited code is a component of the listed code |
| K0861 | E2392 | BCBST | Edited code is a component of the listed code |
| K0861 | E2393 | BCBST | Edited code is a component of the listed code |
| K0861 | E2394 | BCBST | Edited code is a component of the listed code |
| K0861 | E2395 | BCBST | Edited code is a component of the listed code |
| K0861 | E2396 | BCBST | Edited code is a component of the listed code |
| K0861 | K0015 | BCBST | Edited code is a component of the listed code |
| K0861 | K0017 | BCBST | Edited code is a component of the listed code |
| K0861 | K0018 | BCBST | Edited code is a component of the listed code |
| K0861 | K0019 | BCBST | Edited code is a component of the listed code |
| K0861 | K0020 | BCBST | Edited code is a component of the listed code |
| K0861 | K0037 | BCBST | Edited code is a component of the listed code |
| K0861 | K0041 | BCBST | Edited code is a component of the listed code |
| K0861 | K0042 | BCBST | Edited code is a component of the listed code |
| K0861 | K0043 | BCBST | Edited code is a component of the listed code |
| K0861 | K0044 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 306 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0861 | K0045 | BCBST | Edited code is a component of the listed code |
| K0861 | K0046 | BCBST | Edited code is a component of the listed code |
| K0861 | K0047 | BCBST | Edited code is a component of the listed code |
| K0861 | K0051 | BCBST | Edited code is a component of the listed code |
| K0861 | K0052 | BCBST | Edited code is a component of the listed code |
| K0861 | K0098 | BCBST | Edited code is a component of the listed code |
| K0861 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0862 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0862 | E0971 | BCBST | Edited code is a component of the listed code |
| K0862 | E0978 | BCBST | Edited code is a component of the listed code |
| K0862 | E0981 | BCBST | Edited code is a component of the listed code |
| K0862 | E0982 | BCBST | Edited code is a component of the listed code |
| K0862 | E0995 | BCBST | Edited code is a component of the listed code |
| K0862 | E1225 | BCBST | Edited code is a component of the listed code |
| K0862 | E2357 | BCBST | Edited code is a component of the listed code |
| K0862 | E2366 | BCBST | Edited code is a component of the listed code |
| K0862 | E2368 | BCBST | Edited code is a component of the listed code |
| K0862 | E2369 | BCBST | Edited code is a component of the listed code |
| K0862 | E2370 | BCBST | Edited code is a component of the listed code |
| K0862 | E2374 | BCBST | Edited code is a component of the listed code |
| K0862 | E2375 | BCBST | Edited code is a component of the listed code |
| K0862 | E2376 | BCBST | Edited code is a component of the listed code |
| K0862 | E2381 | BCBST | Edited code is a component of the listed code |
| K0862 | E2382 | BCBST | Edited code is a component of the listed code |
| K0862 | E2383 | BCBST | Edited code is a component of the listed code |
| K0862 | E2384 | BCBST | Edited code is a component of the listed code |
| K0862 | E2385 | BCBST | Edited code is a component of the listed code |
| K0862 | E2386 | BCBST | Edited code is a component of the listed code |
| K0862 | E2387 | BCBST | Edited code is a component of the listed code |
| K0862 | E2388 | BCBST | Edited code is a component of the listed code |
| K0862 | E2389 | BCBST | Edited code is a component of the listed code |
| K0862 | E2390 | BCBST | Edited code is a component of the listed code |
| K0862 | E2391 | BCBST | Edited code is a component of the listed code |
| K0862 | E2392 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 307 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0862 | E2393 | BCBST | Edited code is a component of the listed code |
| K0862 | E2394 | BCBST | Edited code is a component of the listed code |
| K0862 | E2395 | BCBST | Edited code is a component of the listed code |
| K0862 | E2396 | BCBST | Edited code is a component of the listed code |
| K0862 | K0015 | BCBST | Edited code is a component of the listed code |
| K0862 | K0017 | BCBST | Edited code is a component of the listed code |
| K0862 | K0018 | BCBST | Edited code is a component of the listed code |
| K0862 | K0019 | BCBST | Edited code is a component of the listed code |
| K0862 | K0020 | BCBST | Edited code is a component of the listed code |
| K0862 | K0037 | BCBST | Edited code is a component of the listed code |
| K0862 | K0041 | BCBST | Edited code is a component of the listed code |
| K0862 | K0042 | BCBST | Edited code is a component of the listed code |
| K0862 | K0043 | BCBST | Edited code is a component of the listed code |
| K0862 | K0044 | BCBST | Edited code is a component of the listed code |
| K0862 | K0045 | BCBST | Edited code is a component of the listed code |
| K0862 | K0046 | BCBST | Edited code is a component of the listed code |
| K0862 | K0047 | BCBST | Edited code is a component of the listed code |
| K0862 | K0051 | BCBST | Edited code is a component of the listed code |
| K0862 | K0052 | BCBST | Edited code is a component of the listed code |
| K0862 | K0098 | BCBST | Edited code is a component of the listed code |
| K0862 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0863 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0863 | E0971 | BCBST | Edited code is a component of the listed code |
| K0863 | E0978 | BCBST | Edited code is a component of the listed code |
| K0863 | E0981 | BCBST | Edited code is a component of the listed code |
| K0863 | E0982 | BCBST | Edited code is a component of the listed code |
| K0863 | E0995 | BCBST | Edited code is a component of the listed code |
| K0863 | E1225 | BCBST | Edited code is a component of the listed code |
| K0863 | E2357 | BCBST | Edited code is a component of the listed code |
| K0863 | E2366 | BCBST | Edited code is a component of the listed code |
| K0863 | E2368 | BCBST | Edited code is a component of the listed code |
| K0863 | E2369 | BCBST | Edited code is a component of the listed code |
| K0863 | E2370 | BCBST | Edited code is a component of the listed code |
| K0863 | E2374 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 308 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0863 | E2375 | BCBST | Edited code is a component of the listed code |
| K0863 | E2376 | BCBST | Edited code is a component of the listed code |
| K0863 | E2381 | BCBST | Edited code is a component of the listed code |
| K0863 | E2382 | BCBST | Edited code is a component of the listed code |
| K0863 | E2383 | BCBST | Edited code is a component of the listed code |
| K0863 | E2384 | BCBST | Edited code is a component of the listed code |
| K0863 | E2385 | BCBST | Edited code is a component of the listed code |
| K0863 | E2386 | BCBST | Edited code is a component of the listed code |
| K0863 | E2387 | BCBST | Edited code is a component of the listed code |
| K0863 | E2388 | BCBST | Edited code is a component of the listed code |
| K0863 | E2389 | BCBST | Edited code is a component of the listed code |
| K0863 | E2390 | BCBST | Edited code is a component of the listed code |
| K0863 | E2391 | BCBST | Edited code is a component of the listed code |
| K0863 | E2392 | BCBST | Edited code is a component of the listed code |
| K0863 | E2393 | BCBST | Edited code is a component of the listed code |
| K0863 | E2394 | BCBST | Edited code is a component of the listed code |
| K0863 | E2395 | BCBST | Edited code is a component of the listed code |
| K0863 | E2396 | BCBST | Edited code is a component of the listed code |
| K0863 | K0015 | BCBST | Edited code is a component of the listed code |
| K0863 | K0017 | BCBST | Edited code is a component of the listed code |
| K0863 | K0018 | BCBST | Edited code is a component of the listed code |
| K0863 | K0019 | BCBST | Edited code is a component of the listed code |
| K0863 | K0020 | BCBST | Edited code is a component of the listed code |
| K0863 | K0037 | BCBST | Edited code is a component of the listed code |
| K0863 | K0041 | BCBST | Edited code is a component of the listed code |
| K0863 | K0042 | BCBST | Edited code is a component of the listed code |
| K0863 | K0043 | BCBST | Edited code is a component of the listed code |
| K0863 | K0044 | BCBST | Edited code is a component of the listed code |
| K0863 | K0045 | BCBST | Edited code is a component of the listed code |
| K0863 | K0046 | BCBST | Edited code is a component of the listed code |
| K0863 | K0047 | BCBST | Edited code is a component of the listed code |
| K0863 | K0051 | BCBST | Edited code is a component of the listed code |
| K0863 | K0052 | BCBST | Edited code is a component of the listed code |
| K0863 | K0098 | BCBST | Edited code is a component of the listed code |
| K0863 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 309 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0864 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0864 | E0971 | BCBST | Edited code is a component of the listed code |
| K0864 | E0978 | BCBST | Edited code is a component of the listed code |
| K0864 | E0981 | BCBST | Edited code is a component of the listed code |
| K0864 | E0982 | BCBST | Edited code is a component of the listed code |
| K0864 | E0995 | BCBST | Edited code is a component of the listed code |
| K0864 | E1225 | BCBST | Edited code is a component of the listed code |
| K0864 | E2357 | BCBST | Edited code is a component of the listed code |
| K0864 | E2366 | BCBST | Edited code is a component of the listed code |
| K0864 | E2368 | BCBST | Edited code is a component of the listed code |
| K0864 | E2369 | BCBST | Edited code is a component of the listed code |
| K0864 | E2370 | BCBST | Edited code is a component of the listed code |
| K0864 | E2374 | BCBST | Edited code is a component of the listed code |
| K0864 | E2375 | BCBST | Edited code is a component of the listed code |
| K0864 | E2376 | BCBST | Edited code is a component of the listed code |
| K0864 | E2381 | BCBST | Edited code is a component of the listed code |
| K0864 | E2382 | BCBST | Edited code is a component of the listed code |
| K0864 | E2383 | BCBST | Edited code is a component of the listed code |
| K0864 | E2384 | BCBST | Edited code is a component of the listed code |
| K0864 | E2385 | BCBST | Edited code is a component of the listed code |
| K0864 | E2386 | BCBST | Edited code is a component of the listed code |
| K0864 | E2387 | BCBST | Edited code is a component of the listed code |
| K0864 | E2388 | BCBST | Edited code is a component of the listed code |
| K0864 | E2389 | BCBST | Edited code is a component of the listed code |
| K0864 | E2390 | BCBST | Edited code is a component of the listed code |
| K0864 | E2391 | BCBST | Edited code is a component of the listed code |
| K0864 | E2392 | BCBST | Edited code is a component of the listed code |
| K0864 | E2393 | BCBST | Edited code is a component of the listed code |
| K0864 | E2394 | BCBST | Edited code is a component of the listed code |
| K0864 | E2395 | BCBST | Edited code is a component of the listed code |
| K0864 | E2396 | BCBST | Edited code is a component of the listed code |
| K0864 | K0015 | BCBST | Edited code is a component of the listed code |
| K0864 | K0017 | BCBST | Edited code is a component of the listed code |
| K0864 | K0018 | BCBST | Edited code is a component of the listed code |
| K0864 | K0019 | BCBST | Edited code is a component of the listed code |
| K0864 | K0020 | BCBST | Edited code is a component of the listed code |
| K0864 | K0037 | BCBST | Edited code is a component of the listed code |

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05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 310 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0864 | K0041 | BCBST | Edited code is a component of the listed code |
| K0864 | K0042 | BCBST | Edited code is a component of the listed code |
| K0864 | K0043 | BCBST | Edited code is a component of the listed code |
| K0864 | K0044 | BCBST | Edited code is a component of the listed code |
| K0864 | K0045 | BCBST | Edited code is a component of the listed code |
| K0864 | K0046 | BCBST | Edited code is a component of the listed code |
| K0864 | K0047 | BCBST | Edited code is a component of the listed code |
| K0864 | K0051 | BCBST | Edited code is a component of the listed code |
| K0864 | K0052 | BCBST | Edited code is a component of the listed code |
| K0864 | K0098 | BCBST | Edited code is a component of the listed code |
| K0864 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0868 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0868 | E0971 | BCBST | Edited code is a component of the listed code |
| K0868 | E0978 | BCBST | Edited code is a component of the listed code |
| K0868 | E0981 | BCBST | Edited code is a component of the listed code |
| K0868 | E0982 | BCBST | Edited code is a component of the listed code |
| K0868 | E0995 | BCBST | Edited code is a component of the listed code |
| K0868 | E1225 | BCBST | Edited code is a component of the listed code |
| K0868 | E2357 | BCBST | Edited code is a component of the listed code |
| K0868 | E2366 | BCBST | Edited code is a component of the listed code |
| K0868 | E2368 | BCBST | Edited code is a component of the listed code |
| K0868 | E2369 | BCBST | Edited code is a component of the listed code |
| K0868 | E2370 | BCBST | Edited code is a component of the listed code |
| K0868 | E2374 | BCBST | Edited code is a component of the listed code |
| K0868 | E2375 | BCBST | Edited code is a component of the listed code |
| K0868 | E2376 | BCBST | Edited code is a component of the listed code |
| K0868 | E2381 | BCBST | Edited code is a component of the listed code |
| K0868 | E2382 | BCBST | Edited code is a component of the listed code |
| K0868 | E2383 | BCBST | Edited code is a component of the listed code |
| K0868 | E2384 | BCBST | Edited code is a component of the listed code |
| K0868 | E2385 | BCBST | Edited code is a component of the listed code |
| K0868 | E2386 | BCBST | Edited code is a component of the listed code |
| K0868 | E2387 | BCBST | Edited code is a component of the listed code |
| K0868 | E2388 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 311 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0868 | E2389 | BCBST | Edited code is a component of the listed code |
| K0868 | E2390 | BCBST | Edited code is a component of the listed code |
| K0868 | E2391 | BCBST | Edited code is a component of the listed code |
| K0868 | E2392 | BCBST | Edited code is a component of the listed code |
| K0868 | E2393 | BCBST | Edited code is a component of the listed code |
| K0868 | E2394 | BCBST | Edited code is a component of the listed code |
| K0868 | E2395 | BCBST | Edited code is a component of the listed code |
| K0868 | E2396 | BCBST | Edited code is a component of the listed code |
| K0868 | K0015 | BCBST | Edited code is a component of the listed code |
| K0868 | K0017 | BCBST | Edited code is a component of the listed code |
| K0868 | K0018 | BCBST | Edited code is a component of the listed code |
| K0868 | K0019 | BCBST | Edited code is a component of the listed code |
| K0868 | K0020 | BCBST | Edited code is a component of the listed code |
| K0868 | K0037 | BCBST | Edited code is a component of the listed code |
| K0868 | K0041 | BCBST | Edited code is a component of the listed code |
| K0868 | K0042 | BCBST | Edited code is a component of the listed code |
| K0868 | K0043 | BCBST | Edited code is a component of the listed code |
| K0868 | K0044 | BCBST | Edited code is a component of the listed code |
| K0868 | K0045 | BCBST | Edited code is a component of the listed code |
| K0868 | K0046 | BCBST | Edited code is a component of the listed code |
| K0868 | K0047 | BCBST | Edited code is a component of the listed code |
| K0868 | K0051 | BCBST | Edited code is a component of the listed code |
| K0868 | K0052 | BCBST | Edited code is a component of the listed code |
| K0868 | K0098 | BCBST | Edited code is a component of the listed code |
| K0868 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0869 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0869 | E0971 | BCBST | Edited code is a component of the listed code |
| K0869 | E0978 | BCBST | Edited code is a component of the listed code |
| K0869 | E0981 | BCBST | Edited code is a component of the listed code |
| K0869 | E0982 | BCBST | Edited code is a component of the listed code |
| K0869 | E0995 | BCBST | Edited code is a component of the listed code |
| K0869 | E1225 | BCBST | Edited code is a component of the listed code |
| K0869 | E2357 | BCBST | Edited code is a component of the listed code |
| K0869 | E2366 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 312 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0869 | E2368 | BCBST | Edited code is a component of the listed code |
| K0869 | E2369 | BCBST | Edited code is a component of the listed code |
| K0869 | E2370 | BCBST | Edited code is a component of the listed code |
| K0869 | E2374 | BCBST | Edited code is a component of the listed code |
| K0869 | E2375 | BCBST | Edited code is a component of the listed code |
| K0869 | E2376 | BCBST | Edited code is a component of the listed code |
| K0869 | E2376 | BCBST | · |
| K0869 | E2382 | BCBST | Edited code is a component of the listed code |
| K0869 | E2383 | BCBST | Edited code is a component of the listed code |
| K0869 | | BCBST | Edited code is a component of the listed code |
| K0869 | E2384 E2385 | BCBST | Edited code is a component of the listed code |
| K0869 | | | Edited code is a component of the listed code |
| K0869 | E2386 | BCBST | Edited code is a component of the listed code |
| K0869 | E2387 | BCBST | Edited code is a component of the listed code |
| | E2388 | BCBST | Edited code is a component of the listed code |
| K0869 | E2389 | BCBST | Edited code is a component of the listed code |
| K0869 | E2390 | BCBST | Edited code is a component of the listed code |
| K0869 | E2391 | BCBST | Edited code is a component of the listed code |
| K0869 | E2392 | BCBST | Edited code is a component of the listed code |
| K0869 | E2393 | BCBST | Edited code is a component of the listed code |
| K0869 | E2394 | BCBST | Edited code is a component of the listed code |
| K0869 | E2395 | BCBST | Edited code is a component of the listed code |
| K0869 | E2396 | BCBST | Edited code is a component of the listed code |
| K0869 | K0015 | BCBST | Edited code is a component of the listed code |
| K0869 | K0017 | BCBST | Edited code is a component of the listed code |
| K0869 | K0018 | BCBST | Edited code is a component of the listed code |
| K0869 | K0019 | BCBST | Edited code is a component of the listed code |
| K0869 | K0020 | BCBST | Edited code is a component of the listed code |
| K0869 | K0037 | BCBST | Edited code is a component of the listed code |
| K0869 | K0041 | BCBST | Edited code is a component of the listed code |
| K0869 | K0042 | BCBST | Edited code is a component of the listed code |
| K0869 | K0043 | BCBST | Edited code is a component of the listed code |
| K0869 | K0044 | BCBST | Edited code is a component of the listed code |
| K0869 | K0045 | BCBST | Edited code is a component of the listed code |
| K0869 | K0046 | BCBST | Edited code is a component of the listed code |
| K0869 | K0047 | BCBST | Edited code is a component of the listed code |
| K0869 | K0051 | BCBST | Edited code is a component of the listed code |
| K0869 | K0052 | BCBST | Edited code is a component of the listed code |
| K0869 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 313 of 643

| Comprehensive Code | Component Code | C | Deticuels |
|-----------------------|-------------------|----------|---|
| | | Source | Rationale |
| K0869 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0870 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0870 | E0971 | BCBST | Edited code is a component of the listed code |
| K0870 | E0978 | BCBST | Edited code is a component of the listed code |
| K0870 | E0981 | BCBST | Edited code is a component of the listed code |
| K0870 | E0982 | BCBST | Edited code is a component of the listed code |
| K0870 | E0995 | BCBST | Edited code is a component of the listed code |
| K0870 | E1225 | BCBST | Edited code is a component of the listed code |
| K0870 | E2357 | BCBST | Edited code is a component of the listed code |
| K0870 | E2366 | BCBST | Edited code is a component of the listed code |
| K0870 | E2368 | BCBST | Edited code is a component of the listed code |
| K0870 | E2369 | BCBST | Edited code is a component of the listed code |
| K0870 | E2370 | BCBST | Edited code is a component of the listed code |
| K0870 | E2374 | BCBST | Edited code is a component of the listed code |
| K0870 | E2375 | BCBST | Edited code is a component of the listed code |
| K0870 | E2376 | BCBST | Edited code is a component of the listed code |
| K0870 | E2381 | BCBST | Edited code is a component of the listed code |
| K0870 | E2382 | BCBST | Edited code is a component of the listed code |
| K0870 | E2383 | BCBST | Edited code is a component of the listed code |
| K0870 | E2384 | BCBST | Edited code is a component of the listed code |
| K0870 | E2385 | BCBST | Edited code is a component of the listed code |
| K0870 | E2386 | BCBST | Edited code is a component of the listed code |
| K0870 | E2387 | BCBST | Edited code is a component of the listed code |
| K0870 | E2388 | BCBST | Edited code is a component of the listed code |
| K0870 | E2389 | BCBST | Edited code is a component of the listed code |
| K0870 | E2390 | BCBST | Edited code is a component of the listed code |
| K0870 | E2391 | BCBST | Edited code is a component of the listed code |
| K0870 | E2392 | BCBST | Edited code is a component of the listed code |
| K0870 | E2393 | BCBST | Edited code is a component of the listed code |
| K0870 | E2394 | BCBST | Edited code is a component of the listed code |
| K0870 | E2395 | BCBST | Edited code is a component of the listed code |
| K0870 | E2396 | BCBST | Edited code is a component of the listed code |
| K0870 | K0015 | BCBST | Edited code is a component of the listed code |
| K0870 | K0017 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 314 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0870 | K0018 | BCBST | Edited code is a component of the listed code |
| K0870 | K0019 | BCBST | Edited code is a component of the listed code |
| K0870 | K0020 | BCBST | Edited code is a component of the listed code |
| K0870 | K0037 | BCBST | Edited code is a component of the listed code |
| K0870 | K0041 | BCBST | Edited code is a component of the listed code |
| K0870 | K0042 | BCBST | Edited code is a component of the listed code |
| K0870 | K0043 | BCBST | Edited code is a component of the listed code |
| K0870 | K0044 | BCBST | Edited code is a component of the listed code |
| K0870 | K0045 | BCBST | Edited code is a component of the listed code |
| K0870 | K0046 | BCBST | Edited code is a component of the listed code |
| K0870 | K0047 | BCBST | Edited code is a component of the listed code |
| K0870 | K0051 | BCBST | Edited code is a component of the listed code |
| K0870 | K0052 | BCBST | Edited code is a component of the listed code |
| K0870 | K0098 | BCBST | Edited code is a component of the listed code |
| K0870 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0871 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0871 | E0971 | BCBST | Edited code is a component of the listed code |
| K0871 | E0978 | BCBST | Edited code is a component of the listed code |
| K0871 | E0981 | BCBST | Edited code is a component of the listed code |
| K0871 | E0982 | BCBST | Edited code is a component of the listed code |
| K0871 | E0995 | BCBST | Edited code is a component of the listed code |
| K0871 | E1225 | BCBST | Edited code is a component of the listed code |
| K0871 | E2357 | BCBST | Edited code is a component of the listed code |
| K0871 | E2366 | BCBST | Edited code is a component of the listed code |
| K0871 | E2368 | BCBST | Edited code is a component of the listed code |
| K0871 | E2369 | BCBST | Edited code is a component of the listed code |
| K0871 | E2370 | BCBST | Edited code is a component of the listed code |
| K0871 | E2374 | BCBST | Edited code is a component of the listed code |
| K0871 | E2375 | BCBST | Edited code is a component of the listed code |
| K0871 | E2376 | BCBST | Edited code is a component of the listed code |
| K0871 | E2381 | BCBST | Edited code is a component of the listed code |
| K0871 | E2382 | BCBST | Edited code is a component of the listed code |
| K0871 | E2383 | BCBST | Edited code is a component of the listed code |
| K0871 | E2384 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 315 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0871 | E2385 | BCBST | Edited code is a component of the listed code |
| K0871 | E2386 | BCBST | Edited code is a component of the listed code |
| K0871 | E2387 | BCBST | Edited code is a component of the listed code |
| K0871 | E2388 | BCBST | Edited code is a component of the listed code |
| K0871 | E2389 | BCBST | Edited code is a component of the listed code |
| K0871 | E2390 | BCBST | Edited code is a component of the listed code |
| K0871 | E2391 | BCBST | Edited code is a component of the listed code |
| K0871 | E2392 | BCBST | Edited code is a component of the listed code |
| K0871 | E2393 | BCBST | Edited code is a component of the listed code |
| K0871 | E2394 | BCBST | Edited code is a component of the listed code |
| K0871 | E2395 | BCBST | Edited code is a component of the listed code |
| K0871 | E2396 | BCBST | Edited code is a component of the listed code |
| K0871 | K0015 | BCBST | Edited code is a component of the listed code |
| K0871 | K0017 | BCBST | Edited code is a component of the listed code |
| K0871 | K0018 | BCBST | Edited code is a component of the listed code |
| K0871 | K0019 | BCBST | Edited code is a component of the listed code |
| K0871 | K0020 | BCBST | Edited code is a component of the listed code |
| K0871 | K0037 | BCBST | Edited code is a component of the listed code |
| K0871 | K0041 | BCBST | Edited code is a component of the listed code |
| K0871 | K0042 | BCBST | Edited code is a component of the listed code |
| K0871 | K0043 | BCBST | Edited code is a component of the listed code |
| K0871 | K0044 | BCBST | Edited code is a component of the listed code |
| K0871 | K0045 | BCBST | Edited code is a component of the listed code |
| K0871 | K0046 | BCBST | Edited code is a component of the listed code |
| K0871 | K0047 | BCBST | Edited code is a component of the listed code |
| K0871 | K0051 | BCBST | Edited code is a component of the listed code |
| K0871 | K0052 | BCBST | Edited code is a component of the listed code |
| K0871 | K0098 | BCBST | Edited code is a component of the listed code |
| K0871 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0877 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0877 | E0971 | BCBST | Edited code is a component of the listed code |
| K0877 | E0978 | BCBST | Edited code is a component of the listed code |
| K0877 | E0981 | BCBST | Edited code is a component of the listed code |
| K0877 | E0982 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 316 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0877 | E0995 | BCBST | Edited code is a component of the listed code |
| K0877 | E1225 | BCBST | Edited code is a component of the listed code |
| K0877 | E2357 | BCBST | Edited code is a component of the listed code |
| K0877 | E2366 | BCBST | Edited code is a component of the listed code |
| K0877 | E2368 | BCBST | Edited code is a component of the listed code |
| K0877 | E2369 | BCBST | Edited code is a component of the listed code |
| K0877 | E2370 | BCBST | Edited code is a component of the listed code |
| K0877 | E2374 | BCBST | Edited code is a component of the listed code |
| K0877 | E2375 | BCBST | Edited code is a component of the listed code |
| K0877 | E2376 | BCBST | Edited code is a component of the listed code |
| K0877 | E2381 | BCBST | Edited code is a component of the listed code |
| K0877 | E2382 | BCBST | Edited code is a component of the listed code |
| K0877 | E2383 | BCBST | Edited code is a component of the listed code |
| K0877 | E2384 | BCBST | Edited code is a component of the listed code |
| K0877 | E2385 | BCBST | Edited code is a component of the listed code |
| K0877 | E2386 | BCBST | Edited code is a component of the listed code |
| K0877 | E2387 | BCBST | Edited code is a component of the listed code |
| K0877 | E2388 | BCBST | Edited code is a component of the listed code |
| K0877 | E2389 | BCBST | Edited code is a component of the listed code |
| K0877 | E2390 | BCBST | Edited code is a component of the listed code |
| K0877 | E2391 | BCBST | Edited code is a component of the listed code |
| K0877 | E2392 | BCBST | Edited code is a component of the listed code |
| K0877 | E2393 | BCBST | Edited code is a component of the listed code |
| K0877 | E2394 | BCBST | Edited code is a component of the listed code |
| K0877 | E2395 | BCBST | Edited code is a component of the listed code |
| K0877 | E2396 | BCBST | Edited code is a component of the listed code |
| K0877 | K0015 | BCBST | Edited code is a component of the listed code |
| K0877 | K0017 | BCBST | Edited code is a component of the listed code |
| K0877 | K0018 | BCBST | Edited code is a component of the listed code |
| K0877 | K0019 | BCBST | Edited code is a component of the listed code |
| K0877 | K0020 | BCBST | Edited code is a component of the listed code |
| K0877 | K0037 | BCBST | Edited code is a component of the listed code |
| K0877 | K0041 | BCBST | Edited code is a component of the listed code |
| K0877 | K0042 | BCBST | Edited code is a component of the listed code |
| K0877 | K0044 | BCBST | Edited code is a component of the listed code |
| K0877 K0877 | K0044 | BCBST | Edited code is a component of the listed code |
| K0877 K0877 | K0045 | BCBST | Edited code is a component of the listed code |
| K0877 | K0046 | BCBST | Edited code is a component of the listed code |
| NUOT I | K0047 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 317 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0877 | K0051 | BCBST | Edited code is a component of the listed code |
| K0877 | K0052 | BCBST | Edited code is a component of the listed code |
| K0877 | K0098 | BCBST | Edited code is a component of the listed code |
| K0877 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0878 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0878 | E0971 | BCBST | Edited code is a component of the listed code |
| K0878 | E0978 | BCBST | Edited code is a component of the listed code |
| K0878 | E0981 | BCBST | Edited code is a component of the listed code |
| K0878 | E0982 | BCBST | Edited code is a component of the listed code |
| K0878 | E0995 | BCBST | Edited code is a component of the listed code |
| K0878 | E1225 | BCBST | Edited code is a component of the listed code |
| K0878 | E2357 | BCBST | Edited code is a component of the listed code |
| K0878 | E2366 | BCBST | Edited code is a component of the listed code |
| K0878 | E2368 | BCBST | Edited code is a component of the listed code |
| K0878 | E2369 | BCBST | Edited code is a component of the listed code |
| K0878 | E2370 | BCBST | Edited code is a component of the listed code |
| K0878 | E2374 | BCBST | Edited code is a component of the listed code |
| K0878 | E2375 | BCBST | Edited code is a component of the listed code |
| K0878 | E2376 | BCBST | Edited code is a component of the listed code |
| K0878 | E2381 | BCBST | Edited code is a component of the listed code |
| K0878 | E2382 | BCBST | Edited code is a component of the listed code |
| K0878 | E2383 | BCBST | Edited code is a component of the listed code |
| K0878 | E2384 | BCBST | Edited code is a component of the listed code |
| K0878 | E2385 | BCBST | Edited code is a component of the listed code |
| K0878 | E2386 | BCBST | Edited code is a component of the listed code |
| K0878 | E2387 | BCBST | Edited code is a component of the listed code |
| K0878 | E2388 | BCBST | Edited code is a component of the listed code |
| K0878 | E2389 | BCBST | Edited code is a component of the listed code |
| K0878 | E2390 | BCBST | Edited code is a component of the listed code |
| K0878 | E2391 | BCBST | Edited code is a component of the listed code |
| K0878 | E2392 | BCBST | Edited code is a component of the listed code |
| K0878 | E2393 | BCBST | Edited code is a component of the listed code |
| K0878 | E2394 | BCBST | Edited code is a component of the listed code |
| K0878 | E2395 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 318 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0878 | E2396 | BCBST | Edited code is a component of the listed code |
| K0878 | K0015 | BCBST | Edited code is a component of the listed code |
| K0878 | K0017 | BCBST | Edited code is a component of the listed code |
| K0878 | K0018 | BCBST | Edited code is a component of the listed code |
| K0878 | K0019 | BCBST | Edited code is a component of the listed code |
| K0878 | K0020 | BCBST | Edited code is a component of the listed code |
| K0878 | K0037 | BCBST | Edited code is a component of the listed code |
| K0878 | K0041 | BCBST | Edited code is a component of the listed code |
| K0878 | K0042 | BCBST | Edited code is a component of the listed code |
| K0878 | K0043 | BCBST | Edited code is a component of the listed code |
| K0878 | K0044 | BCBST | Edited code is a component of the listed code |
| K0878 | K0045 | BCBST | Edited code is a component of the listed code |
| K0878 | K0046 | BCBST | Edited code is a component of the listed code |
| K0878 | K0047 | BCBST | Edited code is a component of the listed code |
| K0878 | K0051 | BCBST | Edited code is a component of the listed code |
| K0878 | K0052 | BCBST | Edited code is a component of the listed code |
| K0878 | K0098 | BCBST | Edited code is a component of the listed code |
| K0878 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0879 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0879 | E0971 | BCBST | Edited code is a component of the listed code |
| K0879 | E0978 | BCBST | Edited code is a component of the listed code |
| K0879 | E0981 | BCBST | Edited code is a component of the listed code |
| K0879 | E0982 | BCBST | Edited code is a component of the listed code |
| K0879 | E0995 | BCBST | Edited code is a component of the listed code |
| K0879 | E1225 | BCBST | Edited code is a component of the listed code |
| K0879 | E2357 | BCBST | Edited code is a component of the listed code |
| K0879 | E2366 | BCBST | Edited code is a component of the listed code |
| K0879 | E2368 | BCBST | Edited code is a component of the listed code |
| K0879 | E2369 | BCBST | Edited code is a component of the listed code |
| K0879 | E2370 | BCBST | Edited code is a component of the listed code |
| K0879 | E2374 | BCBST | Edited code is a component of the listed code |
| K0879 | E2375 | BCBST | Edited code is a component of the listed code |
| K0879 | E2376 | BCBST | Edited code is a component of the listed code |
| K0879 | E2381 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 319 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0879 | E2382 | BCBST | Edited code is a component of the listed code |
| K0879 | E2383 | BCBST | Edited code is a component of the listed code |
| K0879 | E2384 | BCBST | Edited code is a component of the listed code |
| K0879 | E2385 | BCBST | Edited code is a component of the listed code |
| K0879 | E2386 | BCBST | Edited code is a component of the listed code |
| K0879 | E2387 | BCBST | Edited code is a component of the listed code |
| K0879 | E2388 | BCBST | Edited code is a component of the listed code |
| K0879 | E2389 | BCBST | Edited code is a component of the listed code |
| K0879 | E2390 | BCBST | Edited code is a component of the listed code |
| K0879 | E2391 | BCBST | Edited code is a component of the listed code |
| K0879 | E2392 | BCBST | Edited code is a component of the listed code |
| K0879 | E2393 | BCBST | Edited code is a component of the listed code |
| K0879 | E2394 | BCBST | Edited code is a component of the listed code |
| K0879 | E2395 | BCBST | Edited code is a component of the listed code |
| K0879 | E2396 | BCBST | Edited code is a component of the listed code |
| K0879 | K0015 | BCBST | Edited code is a component of the listed code |
| K0879 | K0017 | BCBST | Edited code is a component of the listed code |
| K0879 | K0018 | BCBST | Edited code is a component of the listed code |
| K0879 | K0019 | BCBST | Edited code is a component of the listed code |
| K0879 | K0020 | BCBST | Edited code is a component of the listed code |
| K0879 | K0037 | BCBST | Edited code is a component of the listed code |
| K0879 | K0041 | BCBST | Edited code is a component of the listed code |
| K0879 | K0042 | BCBST | Edited code is a component of the listed code |
| K0879 | K0043 | BCBST | Edited code is a component of the listed code |
| K0879 | K0044 | BCBST | Edited code is a component of the listed code |
| K0879 | K0045 | BCBST | Edited code is a component of the listed code |
| K0879 | K0046 | BCBST | Edited code is a component of the listed code |
| K0879 | K0047 | BCBST | Edited code is a component of the listed code |
| K0879 | K0051 | BCBST | Edited code is a component of the listed code |
| K0879 | K0052 | BCBST | Edited code is a component of the listed code |
| K0879 | K0098 | BCBST | Edited code is a component of the listed code |
| K0879 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0880 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0880 | E0971 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 320 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0880 | E0978 | BCBST | Edited code is a component of the listed code |
| K0880 | E0981 | BCBST | Edited code is a component of the listed code |
| K0880 | E0982 | BCBST | Edited code is a component of the listed code |
| K0880 | E0995 | BCBST | Edited code is a component of the listed code |
| K0880 | E1225 | BCBST | Edited code is a component of the listed code |
| K0880 | E2357 | BCBST | Edited code is a component of the listed code |
| K0880 | E2366 | BCBST | Edited code is a component of the listed code |
| K0880 | E2368 | BCBST | Edited code is a component of the listed code |
| K0880 | E2369 | BCBST | Edited code is a component of the listed code |
| K0880 | E2370 | BCBST | Edited code is a component of the listed code |
| K0880 | E2374 | BCBST | Edited code is a component of the listed code |
| K0880 | E2375 | BCBST | Edited code is a component of the listed code |
| K0880 | E2376 | BCBST | Edited code is a component of the listed code |
| K0880 | E2381 | BCBST | Edited code is a component of the listed code |
| K0880 | E2382 | BCBST | Edited code is a component of the listed code |
| K0880 | E2383 | BCBST | Edited code is a component of the listed code |
| K0880 | E2384 | BCBST | Edited code is a component of the listed code |
| K0880 | E2385 | BCBST | Edited code is a component of the listed code |
| K0880 | E2386 | BCBST | Edited code is a component of the listed code |
| K0880 | E2387 | BCBST | Edited code is a component of the listed code |
| K0880 | E2388 | BCBST | Edited code is a component of the listed code |
| K0880 | E2389 | BCBST | Edited code is a component of the listed code |
| K0880 | E2390 | BCBST | Edited code is a component of the listed code |
| K0880 | E2391 | BCBST | Edited code is a component of the listed code |
| K0880 | E2392 | BCBST | Edited code is a component of the listed code |
| K0880 | E2393 | BCBST | Edited code is a component of the listed code |
| K0880 | E2394 | BCBST | Edited code is a component of the listed code |
| K0880 | E2395 | BCBST | Edited code is a component of the listed code |
| K0880 | E2396 | BCBST | Edited code is a component of the listed code |
| K0880 | K0015 | BCBST | Edited code is a component of the listed code |
| K0880 | K0017 | BCBST | Edited code is a component of the listed code |
| K0880 | K0018 | BCBST | Edited code is a component of the listed code |
| K0880 | K0019 | BCBST | Edited code is a component of the listed code |
| K0880 | K0020 | BCBST | Edited code is a component of the listed code |
| K0880 | K0037 | BCBST | Edited code is a component of the listed code |
| K0880 | K0041 | BCBST | Edited code is a component of the listed code |
| K0880 | K0042 | BCBST | Edited code is a component of the listed code |
| K0880 | K0043 | BCBST | Edited code is a component of the listed code |
| K0880 | K0044 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 321 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0880 | K0045 | BCBST | Edited code is a component of the listed code |
| K0880 | K0046 | BCBST | Edited code is a component of the listed code |
| K0880 | K0047 | BCBST | Edited code is a component of the listed code |
| K0880 | K0051 | BCBST | Edited code is a component of the listed code |
| K0880 | K0052 | BCBST | Edited code is a component of the listed code |
| K0880 | K0098 | BCBST | Edited code is a component of the listed code |
| K0880 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0884 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0884 | E0971 | BCBST | Edited code is a component of the listed code |
| K0884 | E0978 | BCBST | Edited code is a component of the listed code |
| K0884 | E0981 | BCBST | Edited code is a component of the listed code |
| K0884 | E0982 | BCBST | Edited code is a component of the listed code |
| K0884 | E0995 | BCBST | Edited code is a component of the listed code |
| K0884 | E1225 | BCBST | Edited code is a component of the listed code |
| K0884 | E2357 | BCBST | Edited code is a component of the listed code |
| K0884 | E2366 | BCBST | Edited code is a component of the listed code |
| K0884 | E2368 | BCBST | Edited code is a component of the listed code |
| K0884 | E2369 | BCBST | Edited code is a component of the listed code |
| K0884 | E2370 | BCBST | Edited code is a component of the listed code |
| K0884 | E2374 | BCBST | Edited code is a component of the listed code |
| K0884 | E2375 | BCBST | Edited code is a component of the listed code |
| K0884 | E2376 | BCBST | Edited code is a component of the listed code |
| K0884 | E2381 | BCBST | Edited code is a component of the listed code |
| K0884 | E2382 | BCBST | Edited code is a component of the listed code |
| K0884 | E2383 | BCBST | Edited code is a component of the listed code |
| K0884 | E2384 | BCBST | Edited code is a component of the listed code |
| K0884 | E2385 | BCBST | Edited code is a component of the listed code |
| K0884 | E2386 | BCBST | Edited code is a component of the listed code |
| K0884 | E2387 | BCBST | Edited code is a component of the listed code |
| K0884 | E2388 | BCBST | Edited code is a component of the listed code |
| K0884 | E2389 | BCBST | Edited code is a component of the listed code |
| K0884 | E2390 | BCBST | Edited code is a component of the listed code |
| K0884 | E2391 | BCBST | Edited code is a component of the listed code |
| K0884 | E2392 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 322 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0884 | E2393 | BCBST | Edited code is a component of the listed code |
| K0884 | E2394 | BCBST | Edited code is a component of the listed code |
| K0884 | E2395 | BCBST | Edited code is a component of the listed code |
| K0884 | E2396 | BCBST | Edited code is a component of the listed code |
| K0884 | K0015 | BCBST | Edited code is a component of the listed code |
| K0884 | K0017 | BCBST | Edited code is a component of the listed code |
| K0884 | K0018 | BCBST | Edited code is a component of the listed code |
| K0884 | K0019 | BCBST | Edited code is a component of the listed code |
| K0884 | K0020 | BCBST | Edited code is a component of the listed code |
| K0884 | K0037 | BCBST | Edited code is a component of the listed code |
| K0884 | K0041 | BCBST | Edited code is a component of the listed code |
| K0884 | K0042 | BCBST | Edited code is a component of the listed code |
| K0884 | K0043 | BCBST | Edited code is a component of the listed code |
| K0884 | K0044 | BCBST | Edited code is a component of the listed code |
| K0884 | K0045 | BCBST | Edited code is a component of the listed code |
| K0884 | K0046 | BCBST | Edited code is a component of the listed code |
| K0884 | K0047 | BCBST | Edited code is a component of the listed code |
| K0884 | K0051 | BCBST | Edited code is a component of the listed code |
| K0884 | K0052 | BCBST | Edited code is a component of the listed code |
| K0884 | K0098 | BCBST | Edited code is a component of the listed code |
| K0884 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0885 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0885 | E0971 | BCBST | Edited code is a component of the listed code |
| K0885 | E0978 | BCBST | Edited code is a component of the listed code |
| K0885 | E0981 | BCBST | Edited code is a component of the listed code |
| K0885 | E0982 | BCBST | Edited code is a component of the listed code |
| K0885 | E0995 | BCBST | Edited code is a component of the listed code |
| K0885 | E1225 | BCBST | Edited code is a component of the listed code |
| K0885 | E2357 | BCBST | Edited code is a component of the listed code |
| K0885 | E2366 | BCBST | Edited code is a component of the listed code |
| K0885 | E2368 | BCBST | Edited code is a component of the listed code |
| K0885 | E2369 | BCBST | Edited code is a component of the listed code |
| K0885 | E2370 | BCBST | Edited code is a component of the listed code |
| K0885 | E2374 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 323 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0885 | E2375 | BCBST | Edited code is a component of the listed code |
| K0885 | E2376 | BCBST | Edited code is a component of the listed code |
| K0885 | E2381 | BCBST | Edited code is a component of the listed code |
| K0885 | E2382 | BCBST | Edited code is a component of the listed code |
| K0885 | E2383 | BCBST | Edited code is a component of the listed code |
| K0885 | E2384 | BCBST | Edited code is a component of the listed code |
| K0885 | E2385 | BCBST | Edited code is a component of the listed code |
| K0885 | E2386 | BCBST | Edited code is a component of the listed code |
| K0885 | E2387 | BCBST | Edited code is a component of the listed code |
| K0885 | E2388 | BCBST | Edited code is a component of the listed code |
| K0885 | E2389 | BCBST | Edited code is a component of the listed code |
| K0885 | E2390 | BCBST | Edited code is a component of the listed code |
| K0885 | E2391 | BCBST | Edited code is a component of the listed code |
| K0885 | E2392 | BCBST | Edited code is a component of the listed code |
| K0885 | E2393 | BCBST | Edited code is a component of the listed code |
| K0885 | E2394 | BCBST | Edited code is a component of the listed code |
| K0885 | E2395 | BCBST | Edited code is a component of the listed code |
| K0885 | E2396 | BCBST | Edited code is a component of the listed code |
| K0885 | K0015 | BCBST | Edited code is a component of the listed code |
| K0885 | K0017 | BCBST | Edited code is a component of the listed code |
| K0885 | K0018 | BCBST | Edited code is a component of the listed code |
| K0885 | K0019 | BCBST | Edited code is a component of the listed code |
| K0885 | K0020 | BCBST | Edited code is a component of the listed code |
| K0885 | K0037 | BCBST | Edited code is a component of the listed code |
| K0885 | K0041 | BCBST | Edited code is a component of the listed code |
| K0885 | K0042 | BCBST | Edited code is a component of the listed code |
| K0885 | K0043 | BCBST | Edited code is a component of the listed code |
| K0885 | K0044 | BCBST | Edited code is a component of the listed code |
| K0885 | K0045 | BCBST | Edited code is a component of the listed code |
| K0885 | K0046 | BCBST | Edited code is a component of the listed code |
| K0885 | K0047 | BCBST | Edited code is a component of the listed code |
| K0885 | K0051 | BCBST | Edited code is a component of the listed code |
| K0885 | K0052 | BCBST | Edited code is a component of the listed code |
| K0885 | K0098 | BCBST | Edited code is a component of the listed code |
| K0885 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 324 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0886 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0886 | E0971 | BCBST | Edited code is a component of the listed code |
| K0886 | E0978 | BCBST | Edited code is a component of the listed code |
| K0886 | E0981 | BCBST | Edited code is a component of the listed code |
| K0886 | E0982 | BCBST | Edited code is a component of the listed code |
| K0886 | E0995 | BCBST | Edited code is a component of the listed code |
| K0886 | E1225 | BCBST | Edited code is a component of the listed code |
| K0886 | E2357 | BCBST | Edited code is a component of the listed code |
| K0886 | E2366 | BCBST | Edited code is a component of the listed code |
| K0886 | E2368 | BCBST | Edited code is a component of the listed code |
| K0886 | E2369 | BCBST | Edited code is a component of the listed code |
| K0886 | E2370 | BCBST | Edited code is a component of the listed code |
| K0886 | E2374 | BCBST | Edited code is a component of the listed code |
| K0886 | E2375 | BCBST | Edited code is a component of the listed code |
| K0886 | E2376 | BCBST | Edited code is a component of the listed code |
| K0886 | E2381 | BCBST | Edited code is a component of the listed code |
| K0886 | E2382 | BCBST | Edited code is a component of the listed code |
| K0886 | E2383 | BCBST | Edited code is a component of the listed code |
| K0886 | E2384 | BCBST | Edited code is a component of the listed code |
| K0886 | E2385 | BCBST | Edited code is a component of the listed code |
| K0886 | E2386 | BCBST | Edited code is a component of the listed code |
| K0886 | E2387 | BCBST | Edited code is a component of the listed code |
| K0886 | E2388 | BCBST | Edited code is a component of the listed code |
| K0886 | E2389 | BCBST | Edited code is a component of the listed code |
| K0886 | E2390 | BCBST | Edited code is a component of the listed code |
| K0886 | E2391 | BCBST | Edited code is a component of the listed code |
| K0886 | E2392 | BCBST | Edited code is a component of the listed code |
| K0886 | E2393 | BCBST | Edited code is a component of the listed code |
| K0886 | E2394 | BCBST | Edited code is a component of the listed code |
| K0886 | E2395 | BCBST | Edited code is a component of the listed code |
| K0886 | E2396 | BCBST | Edited code is a component of the listed code |
| K0886 | K0015 | BCBST | Edited code is a component of the listed code |
| K0886 | K0017 | BCBST | Edited code is a component of the listed code |
| K0886 | K0018 | BCBST | Edited code is a component of the listed code |
| K0886 | K0019 | BCBST | Edited code is a component of the listed code |
| K0886 | K0020 | BCBST | Edited code is a component of the listed code |
| K0886 | K0037 | BCBST | Edited code is a component of the listed code |

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 ${\bf Code\ bundling\ rules\ subject\ to\ additions,\ deletions,\ and/or\ revisions\ on\ a\ quarterly\ basis.}$

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 325 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0886 | K0041 | BCBST | Edited code is a component of the listed code |
| K0886 | K0042 | BCBST | Edited code is a component of the listed code |
| K0886 | K0043 | BCBST | Edited code is a component of the listed code |
| K0886 | K0044 | BCBST | Edited code is a component of the listed code |
| K0886 | K0045 | BCBST | Edited code is a component of the listed code |
| K0886 | K0046 | BCBST | Edited code is a component of the listed code |
| K0886 | K0047 | BCBST | Edited code is a component of the listed code |
| K0886 | K0051 | BCBST | Edited code is a component of the listed code |
| K0886 | K0052 | BCBST | Edited code is a component of the listed code |
| K0886 | K0098 | BCBST | Edited code is a component of the listed code |
| K0886 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0890 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0890 | E0971 | BCBST | Edited code is a component of the listed code |
| K0890 | E0978 | BCBST | Edited code is a component of the listed code |
| K0890 | E0981 | BCBST | Edited code is a component of the listed code |
| K0890 | E0982 | BCBST | Edited code is a component of the listed code |
| K0890 | E0995 | BCBST | Edited code is a component of the listed code |
| K0890 | E1225 | BCBST | Edited code is a component of the listed code |
| K0890 | E2357 | BCBST | Edited code is a component of the listed code |
| K0890 | E2366 | BCBST | Edited code is a component of the listed code |
| K0890 | E2368 | BCBST | Edited code is a component of the listed code |
| K0890 | E2369 | BCBST | Edited code is a component of the listed code |
| K0890 | E2370 | BCBST | Edited code is a component of the listed code |
| K0890 | E2374 | BCBST | Edited code is a component of the listed code |
| K0890 | E2375 | BCBST | Edited code is a component of the listed code |
| K0890 | E2376 | BCBST | Edited code is a component of the listed code |
| K0890 | E2381 | BCBST | Edited code is a component of the listed code |
| K0890 | E2382 | BCBST | Edited code is a component of the listed code |
| K0890 | E2383 | BCBST | Edited code is a component of the listed code |
| K0890 | E2384 | BCBST | Edited code is a component of the listed code |
| K0890 | E2385 | BCBST | Edited code is a component of the listed code |
| K0890 | E2386 | BCBST | Edited code is a component of the listed code |
| K0890 | E2387 | BCBST | Edited code is a component of the listed code |
| K0890 | E2388 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 326 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| K0890 | E2389 | BCBST | Edited code is a component of the listed code |
| K0890 | E2390 | BCBST | Edited code is a component of the listed code |
| K0890 | E2391 | BCBST | Edited code is a component of the listed code |
| K0890 | E2392 | BCBST | Edited code is a component of the listed code |
| K0890 | E2393 | BCBST | Edited code is a component of the listed code |
| K0890 | E2394 | BCBST | Edited code is a component of the listed code |
| K0890 | E2395 | BCBST | Edited code is a component of the listed code |
| K0890 | E2396 | BCBST | Edited code is a component of the listed code |
| K0890 | K0015 | BCBST | Edited code is a component of the listed code |
| K0890 | K0017 | BCBST | Edited code is a component of the listed code |
| K0890 | K0018 | BCBST | Edited code is a component of the listed code |
| K0890 | K0019 | BCBST | Edited code is a component of the listed code |
| K0890 | K0020 | BCBST | Edited code is a component of the listed code |
| K0890 | K0037 | BCBST | Edited code is a component of the listed code |
| K0890 | K0041 | BCBST | Edited code is a component of the listed code |
| K0890 | K0042 | BCBST | Edited code is a component of the listed code |
| K0890 | K0043 | BCBST | Edited code is a component of the listed code |
| K0890 | K0044 | BCBST | Edited code is a component of the listed code |
| K0890 | K0045 | BCBST | Edited code is a component of the listed code |
| K0890 | K0046 | BCBST | Edited code is a component of the listed code |
| K0890 | K0047 | BCBST | Edited code is a component of the listed code |
| K0890 | K0051 | BCBST | Edited code is a component of the listed code |
| K0890 | K0052 | BCBST | Edited code is a component of the listed code |
| K0890 | K0098 | BCBST | Edited code is a component of the listed code |
| K0890 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0891 | A9901 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K0891 | E0971 | BCBST | Edited code is a component of the listed code |
| K0891 | E0978 | BCBST | Edited code is a component of the listed code |
| K0891 | E0981 | BCBST | Edited code is a component of the listed code |
| K0891 | E0982 | BCBST | Edited code is a component of the listed code |
| K0891 | E0995 | BCBST | Edited code is a component of the listed code |
| K0891 | E1225 | BCBST | Edited code is a component of the listed code |
| K0891 | E2357 | BCBST | Edited code is a component of the listed code |
| K0891 | E2366 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 327 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0891 | E2368 | BCBST | Edited code is a component of the listed code |
| K0891 | E2369 | BCBST | Edited code is a component of the listed code |
| K0891 | E2370 | BCBST | Edited code is a component of the listed code |
| K0891 | E2374 | BCBST | Edited code is a component of the listed code |
| K0891 | E2375 | BCBST | Edited code is a component of the listed code |
| K0891 | E2376 | BCBST | Edited code is a component of the listed code |
| K0891 | E2381 | BCBST | Edited code is a component of the listed code |
| K0891 | E2382 | BCBST | Edited code is a component of the listed code |
| K0891 | E2383 | BCBST | Edited code is a component of the listed code |
| K0891 | E2384 | BCBST | Edited code is a component of the listed code |
| K0891 | E2385 | BCBST | Edited code is a component of the listed code |
| K0891 | E2386 | BCBST | Edited code is a component of the listed code |
| K0891 | E2387 | BCBST | Edited code is a component of the listed code |
| K0891 | E2388 | BCBST | Edited code is a component of the listed code |
| K0891 | E2389 | BCBST | Edited code is a component of the listed code |
| K0891 | E2390 | BCBST | Edited code is a component of the listed code |
| K0891 | E2391 | BCBST | Edited code is a component of the listed code |
| K0891 | E2392 | BCBST | Edited code is a component of the listed code |
| K0891 | E2393 | BCBST | Edited code is a component of the listed code |
| K0891 | E2394 | BCBST | Edited code is a component of the listed code |
| K0891 | E2395 | BCBST | Edited code is a component of the listed code |
| K0891 | E2396 | BCBST | Edited code is a component of the listed code |
| K0891 | K0015 | BCBST | Edited code is a component of the listed code |
| K0891 | K0017 | BCBST | Edited code is a component of the listed code |
| K0891 | K0018 | BCBST | Edited code is a component of the listed code |
| K0891 | K0019 | BCBST | Edited code is a component of the listed code |
| K0891 | K0020 | BCBST | Edited code is a component of the listed code |
| K0891 | K0037 | BCBST | Edited code is a component of the listed code |
| K0891 | K0041 | BCBST | Edited code is a component of the listed code |
| K0891 | K0042 | BCBST | Edited code is a component of the listed code |
| K0891 | K0043 | BCBST | Edited code is a component of the listed code |
| K0891 | K0044 | BCBST | Edited code is a component of the listed code |
| K0891 | K0045 | BCBST | Edited code is a component of the listed code |
| K0891 | K0046 | BCBST | Edited code is a component of the listed code |
| K0891 | K0047 | BCBST | Edited code is a component of the listed code |
| K0891 | K0051 | BCBST | Edited code is a component of the listed code |
| K0891 | K0052 | BCBST | Edited code is a component of the listed code |
| K0891 | K0098 | BCBST | Edited code is a component of the listed code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 328 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| K0891 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| K813 | K0739 | BCBST | The maximum allowable for durable medical equipment constitutes full reimbursement for the item including all labor charges involved in the assembly and support services such as emergency services, delivery, set-up, education, and ongoing assistance with the item. Thes services including mileage are not separately billable. |
| L0110 | L0110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0120 | L0120 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0130 | L0130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0140 | L0140 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0150 | L0150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0160 | L0160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0170 | L0170 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0172 | L0172 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0174 | L0174 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0180 | L0180 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0190 | L0190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0200 | L0200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0210 | L0210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0220 | L0220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0300 | L0300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0310 | L0310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0315 | L0315 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0317 | L0317 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0320 | L0320 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0321 | L0321 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 329 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L0330 | L0330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0331 | L0331 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0340 | L0340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0350 | L0350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0360 | L0360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0370 | L0370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0380 | L0380 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0390 | L0390 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0391 | L0391 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0400 | L0400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0410 | L0410 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0420 | L0420 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0430 | L0430 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0440 | L0440 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0450 | L0450 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0452 | L0452 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0454 | L0454 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0456 | L0456 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0458 | L0458 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0460 | L0460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0462 | L0462 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0464 | L0464 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0466 | L0466 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0468 | L0468 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 330 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L0470 | L0470 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0472 | L0472 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0474 | L0474 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0480 | L0480 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0482 | L0482 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0484 | L0484 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0486 | L0486 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0488 | L0488 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0490 | L0490 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0700 | L0700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0710 | L0710 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0810 | L0810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0820 | L0820 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0830 | L0830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0860 | L0860 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0960 | L0960 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0970 | L0970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0972 | L0972 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0974 | L0974 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0976 | L0976 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0978 | L0978 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L0999 | L0999 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1000 | L1000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1005 | L1005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 331 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| L1010 | L1010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1020 | L1020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1025 | L1025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1030 | L1030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1040 | L1040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1050 | L1050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1060 | L1060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1070 | L1070 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1080 | L1080 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1085 | L1085 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1090 | L1090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1100 | L1100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1110 | L1110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1120 | L1120 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1200 | L1200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1210 | L1210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1220 | L1220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1230 | L1230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1240 | L1240 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1250 | L1250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1260 | L1260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1270 | L1270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1290 | L1290 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1300 | L1300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 332 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| L1310 | L1310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1499 | L1499 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1500 | L1500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1510 | L1510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1520 | L1520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1600 | L1600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1610 | L1610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1620 | L1620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1630 | L1630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1640 | L1640 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1650 | L1650 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1652 | L1652 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1660 | L1660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1680 | L1680 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1685 | L1685 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1686 | L1686 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1690 | L1690 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1700 | L1700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1710 | L1710 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1720 | L1720 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1730 | L1730 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1750 | L1750 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1755 | L1755 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1800 | L1800 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 333 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L1810 | L1810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1815 | L1815 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1820 | L1820 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1825 | L1825 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1830 | L1830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1832 | L1832 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1834 | L1834 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1836 | L1836 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1840 | L1840 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1843 | L1843 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1844 | L1844 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1845 | L1845 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1846 | L1846 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1847 | L1847 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1850 | L1850 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1855 | L1855 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1858 | L1858 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1860 | L1860 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1870 | L1870 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1880 | L1880 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1885 | L1885 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1900 | L1900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1901 | L1901 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1902 | L1902 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 334 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L1904 | L1904 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1906 | L1906 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1910 | L1910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1920 | L1920 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1930 | L1930 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1940 | L1940 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1945 | L1945 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1950 | L1950 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1960 | L1960 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1970 | L1970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1980 | L1980 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L1990 | L1990 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2000 | L2000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2010 | L2010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2020 | L2020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2030 | L2030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2035 | L2035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2036 | L2036 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2037 | L2037 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2038 | L2038 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2039 | L2039 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2040 | L2040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2050 | L2050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2060 | L2060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 335 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L2070 | L2070 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2080 | L2080 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2090 | L2090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2102 | L2102 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2104 | L2104 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2106 | L2106 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2108 | L2108 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2112 | L2112 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2114 | L2114 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2116 | L2116 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2122 | L2122 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2124 | L2124 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2126 | L2126 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2128 | L2128 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2132 | L2132 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2134 | L2134 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2136 | L2136 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2180 | L2180 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2182 | L2182 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2184 | L2184 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2186 | L2186 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2188 | L2188 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2190 | L2190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2192 | L2192 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 336 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L2230 | L2230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2240 | L2240 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2250 | L2250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2260 | L2260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2265 | L2265 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2270 | L2270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2275 | L2275 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2280 | L2280 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2300 | L2300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2310 | L2310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2320 | L2320 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2330 | L2330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2335 | L2335 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2340 | L2340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2350 | L2350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2360 | L2360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2370 | L2370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2375 | L2375 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2397 | L2397 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2492 | L2492 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2500 | L2500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2510 | L2510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2520 | L2520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2525 | L2525 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 337 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L2526 | L2526 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2530 | L2530 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2540 | L2540 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2550 | L2550 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2580 | L2580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2627 | L2627 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2628 | L2628 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2630 | L2630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2640 | L2640 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2660 | L2660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2670 | L2670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2680 | L2680 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2755 | L2755 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2795 | L2795 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2800 | L2800 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2810 | L2810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2820 | L2820 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2830 | L2830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L2999 | L2999 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3100 | L3100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3140 | L3140 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3150 | L3150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3160 | L3160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3170 | L3170 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 338 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3201 | L3201 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3202 | L3202 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3203 | L3203 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3204 | L3204 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3206 | L3206 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3207 | L3207 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3215 | L3215 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3216 | L3216 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3217 | L3217 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3219 | L3219 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3221 | L3221 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3222 | L3222 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3224 | L3224 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3225 | L3225 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3230 | L3230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3254 | L3254 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3255 | L3255 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3257 | L3257 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3340 | L3340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3350 | L3350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3360 | L3360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3370 | L3370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3380 | L3380 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3390 | L3390 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 339 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3400 | L3400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3410 | L3410 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3420 | L3420 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3430 | L3430 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3440 | L3440 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
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| L3455 | L3455 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3460 | L3460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3465 | L3465 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3470 | L3470 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3480 | L3480 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3485 | L3485 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3500 | L3500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3510 | L3510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3520 | L3520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3530 | L3530 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3540 | L3540 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3550 | L3550 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3560 | L3560 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3570 | L3570 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3580 | L3580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3590 | L3590 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3595 | L3595 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3600 | L3600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 340 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3610 | L3610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3620 | L3620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3630 | L3630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3640 | L3640 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3649 | L3649 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3650 | L3650 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3651 | L3651 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3652 | L3652 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3660 | L3660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3670 | L3670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3675 | L3675 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3677 | L3677 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3700 | L3700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3701 | L3701 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3710 | L3710 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3720 | L3720 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3730 | L3730 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3740 | L3740 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3760 | L3760 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3762 | L3762 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3800 | L3800 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3805 | L3805 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3807 | L3807 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3810 | L3810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 341 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3815 | L3815 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3820 | L3820 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3825 | L3825 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3830 | L3830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3835 | L3835 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3840 | L3840 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3845 | L3845 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3850 | L3850 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3855 | L3855 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3860 | L3860 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3890 | L3890 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3900 | L3900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3901 | L3901 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3902 | L3902 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3904 | L3904 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3906 | L3906 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3907 | L3907 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3908 | L3908 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3909 | L3909 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3910 | L3910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3911 | L3911 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3912 | L3912 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3916 | L3916 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3918 | L3918 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 342 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3920 | L3920 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3922 | L3922 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3923 | L3923 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3924 | L3924 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3926 | L3926 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3928 | L3928 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3930 | L3930 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3932 | L3932 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3934 | L3934 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3936 | L3936 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3938 | L3938 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3940 | L3940 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3942 | L3942 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3944 | L3944 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3946 | L3946 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3948 | L3948 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3950 | L3950 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3952 | L3952 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3954 | L3954 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3960 | L3960 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3962 | L3962 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3963 | L3963 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3964 | L3964 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3965 | L3965 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 343 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L3966 | L3966 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3968 | L3968 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3969 | L3969 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3970 | L3970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3972 | L3972 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3974 | L3974 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3980 | L3980 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3982 | L3982 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3984 | L3984 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3985 | L3985 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3986 | L3986 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3995 | L3995 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L3999 | L3999 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4000 | L4000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4010 | L4010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4020 | L4020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4030 | L4030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4040 | L4040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4045 | L4045 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4050 | L4050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4055 | L4055 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4060 | L4060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4070 | L4070 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4080 | L4080 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 344 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L4090 | L4090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4100 | L4100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4110 | L4110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4130 | L4130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4210 | L4210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4350 | L4350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4360 | L4360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4370 | L4370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4380 | L4380 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4386 | L4386 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4392 | L4392 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4394 | L4394 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4396 | L4396 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L4398 | L4398 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5000 | L5000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5010 | L5010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5020 | L5020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5050 | L5050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5060 | L5060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5100 | L5100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5105 | L5105 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5150 | L5150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5160 | L5160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5200 | L5200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 345 of 643

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| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| L5210 | L5210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5220 | L5220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5230 | L5230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5250 | L5250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5270 | L5270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5280 | L5280 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5301 | L5301 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5311 | L5311 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5321 | L5321 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5331 | L5331 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5341 | L5341 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5400 | L5400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5420 | L5420 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5450 | L5450 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5460 | L5460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5500 | L5500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5505 | L5505 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5510 | L5510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5520 | L5520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5530 | L5530 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5535 | L5535 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5540 | L5540 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5560 | L5560 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5570 | L5570 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 346 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L5580 | L5580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5585 | L5585 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5590 | L5590 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5595 | L5595 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5600 | L5600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5610 | L5610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5611 | L5611 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5613 | L5613 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5614 | L5614 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5616 | L5616 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5618 | L5618 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5620 | L5620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5622 | L5622 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5624 | L5624 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5626 | L5626 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5628 | L5628 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5629 | L5629 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5630 | L5630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5631 | L5631 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5632 | L5632 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5634 | L5634 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5636 | L5636 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5637 | L5637 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5638 | L5638 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 347 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L5639 | L5639 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5640 | L5640 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5642 | L5642 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5643 | L5643 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5644 | L5644 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5645 | L5645 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5646 | L5646 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5647 | L5647 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5648 | L5648 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5649 | L5649 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5650 | L5650 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5651 | L5651 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5652 | L5652 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5653 | L5653 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5654 | L5654 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5655 | L5655 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5656 | L5656 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5658 | L5658 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5660 | L5660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5661 | L5661 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5662 | L5662 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5663 | L5663 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5664 | L5664 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5665 | L5665 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 348 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| L5666 | L5666 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5668 | L5668 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5670 | L5670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5671 | L5671 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5672 | L5672 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5680 | L5680 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5682 | L5682 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5684 | L5684 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5686 | L5686 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5688 | L5688 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5690 | L5690 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5692 | L5692 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5694 | L5694 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5696 | L5696 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5697 | L5697 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5698 | L5698 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5699 | L5699 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5700 | L5700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5701 | L5701 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5702 | L5702 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5704 | L5704 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5705 | L5705 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5706 | L5706 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5707 | L5707 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 349 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L5710 | L5710 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5711 | L5711 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5712 | L5712 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5714 | L5714 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5716 | L5716 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5718 | L5718 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5722 | L5722 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5724 | L5724 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5726 | L5726 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5728 | L5728 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5780 | L5780 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5781 | L5781 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5782 | L5782 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5785 | L5785 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5790 | L5790 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5795 | L5795 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5810 | L5810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5811 | L5811 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5812 | L5812 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5814 | L5814 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5816 | L5816 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5818 | L5818 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5822 | L5822 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5824 | L5824 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 350 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L5826 | L5826 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5828 | L5828 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5830 | L5830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5840 | L5840 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5845 | L5845 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5848 | L5848 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5850 | L5850 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5855 | L5855 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5910 | L5910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5920 | L5920 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5925 | L5925 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5930 | L5930 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5940 | L5940 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5950 | L5950 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5960 | L5960 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5962 | L5962 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5964 | L5964 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5966 | L5966 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5968 | L5968 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5970 | L5970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5972 | L5972 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5974 | L5974 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5975 | L5975 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5976 | L5976 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 351 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

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|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| L5978 | L5978 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5979 | L5979 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5980 | L5980 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5981 | L5981 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5982 | L5982 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5984 | L5984 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5985 | L5985 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5986 | L5986 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5987 | L5987 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5988 | L5988 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5990 | L5990 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5995 | L5995 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L5999 | L5999 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6000 | L6000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6010 | L6010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6020 | L6020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6025 | L6025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6050 | L6050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6055 | L6055 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6100 | L6100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6110 | L6110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6120 | L6120 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6130 | L6130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6200 | L6200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 352 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L6205 | L6205 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6250 | L6250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6300 | L6300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6310 | L6310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6320 | L6320 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6350 | L6350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6360 | L6360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6370 | L6370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6380 | L6380 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6382 | L6382 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6384 | L6384 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6388 | L6388 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6400 | L6400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6450 | L6450 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6500 | L6500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6550 | L6550 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6570 | L6570 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6580 | L6580 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6582 | L6582 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6584 | L6584 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6586 | L6586 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6588 | L6588 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6590 | L6590 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6600 | L6600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 353 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L6605 | L6605 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6610 | L6610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6615 | L6615 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6620 | L6620 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6623 | L6623 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6625 | L6625 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6628 | L6628 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6629 | L6629 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6630 | L6630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6635 | L6635 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6637 | L6637 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6638 | L6638 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6640 | L6640 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6641 | L6641 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6642 | L6642 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6646 | L6646 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6647 | L6647 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6648 | L6648 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6655 | L6655 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6660 | L6660 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6665 | L6665 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6670 | L6670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6672 | L6672 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6675 | L6675 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 354 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L6676 | L6676 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6680 | L6680 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6682 | L6682 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6684 | L6684 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6686 | L6686 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6687 | L6687 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6688 | L6688 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6689 | L6689 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6690 | L6690 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6693 | L6693 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6700 | L6700 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6805 | L6805 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6810 | L6810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6881 | L6881 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6882 | L6882 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6890 | L6890 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6895 | L6895 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6900 | L6900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6905 | L6905 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6910 | L6910 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6915 | L6915 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6920 | L6920 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6925 | L6925 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6930 | L6930 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 355 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L6935 | L6935 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6940 | L6940 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6945 | L6945 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6950 | L6950 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6955 | L6955 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6960 | L6960 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6965 | L6965 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6970 | L6970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L6975 | L6975 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7040 | L7040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7045 | L7045 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7170 | L7170 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7180 | L7180 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7185 | L7185 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7186 | L7186 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7190 | L7190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7191 | L7191 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7260 | L7260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7261 | L7261 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7266 | L7266 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7272 | L7272 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7274 | L7274 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7362 | L7362 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7366 | L7366 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 356 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L7368 | L7368 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7499 | L7499 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7500 | L7500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7510 | L7510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L7900 | L7900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8000 | L8000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8001 | L8001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8002 | L8002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8010 | L8010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8015 | L8015 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8020 | L8020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8030 | L8030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8035 | L8035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8039 | L8039 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8041 | L8041 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8042 | L8042 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8043 | L8043 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8044 | L8044 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8045 | L8045 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8046 | L8046 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8047 | L8047 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8049 | L8049 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8210 | L8210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8220 | L8220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 357 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| L8230 | L8230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8239 | L8239 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8300 | L8300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8310 | L8310 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8320 | L8320 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8330 | L8330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8499 | L8499 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8500 | L8500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8501 | L8501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8505 | L8505 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8507 | L8507 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8509 | L8509 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8510 | L8510 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8600 | L8600 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8610 | L8610 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8612 | L8612 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8613 | L8613 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8614 | L8614 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8619 | L8619 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8630 | L8630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8641 | L8641 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8642 | L8642 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8658 | L8658 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L8670 | L8670 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 358 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| L8699 | L8699 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| L9900 | L9900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| M0064 | 99605 | NCCI | Misuse of column 2 code with column 1 code |
| M0064 | 99606 | NCCI | Misuse of column 2 code with column 1 code |
| M0064 | M0064 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| M0075 | M0075 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| M0076 | M0076 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| M0100 | M0100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| M0300 | M0300 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| M0301 | M0301 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| P3000 | 88160 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 88161 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99201 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99202 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99203 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99204 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99205 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99211 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99212 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99213 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99214 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99215 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99217 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99218 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99219 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99220 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99221 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99222 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99223 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99231 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99232 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99233 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99234 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99235 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 359 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|---------------|---|
| P3000 | 99236 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99238 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99239 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99241 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99242 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99243 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99244 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99245 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99251 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99252 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99253 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99254 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99255 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99281 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99282 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99283 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99284 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99285 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99304 | NCCI | Standards of medical/surgical practice |
| P3000 | 99305 | NCCI | Standards of medical/surgical practice |
| P3000 | 99306 | NCCI | Standards of medical/surgical practice |
| P3000 | 99307 | NCCI | Standards of medical/surgical practice |
| P3000 | 99308 | NCCI | Standards of medical/surgical practice |
| P3000 | 99309 | NCCI | Standards of medical/surgical practice |
| P3000 | 99310 | NCCI | Standards of medical/surgical practice |
| P3000 | 99315 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99316 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99318 | NCCI | Standards of medical/surgical practice |
| P3000 | 99324 | NCCI | Standards of medical/surgical practice |
| P3000 | 99325 | NCCI | Standards of medical/surgical practice |
| P3000 | 99326 | NCCI | Standards of medical/surgical practice |
| P3000 | 99327 | NCCI | Standards of medical/surgical practice |
| P3000 | 99328 | NCCI | Standards of medical/surgical practice |
| P3000 | 99334 | NCCI | Standards of medical/surgical practice |
| P3000 | 99335 | NCCI | Standards of medical/surgical practice |
| P3000 | 99336 | NCCI | Standards of medical/surgical practice |
| P3000 | 99337 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 360 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| P3000 | 99341 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99342 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99343 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99344 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99345 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99347 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99348 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99349 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99350 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99354 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99355 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99356 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99357 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| P3000 | 99460 | NCCI | Standards of medical/surgical practice |
| P3000 | 99461 | NCCI | Standards of medical/surgical practice |
| P3000 | 99462 | NCCI | Standards of medical/surgical practice |
| P3000 | 99463 | NCCI | Standards of medical/surgical practice |
| P3000 | 99464 | NCCI | Standards of medical/surgical practice |
| P3000 | 99465 | NCCI | Standards of medical/surgical practice |
| P3000 | 99466 | NCCI | Standards of medical/surgical practice |
| P3000 | 99468 | NCCI | Standards of medical/surgical practice |
| P3000 | 99469 | NCCI | Standards of medical/surgical practice |
| P3000 | 99471 | NCCI | Standards of medical/surgical practice |
| P3000 | 99472 | NCCI | Standards of medical/surgical practice |
| P3000 | 99475 | NCCI | Standards of medical/surgical practice |
| P3000 | 99476 | NCCI | Standards of medical/surgical practice |
| P3000 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| P3000 | 99478 | NCCI | Standards of medical/surgical practice |
| P3000 | 99479 | NCCI | Standards of medical/surgical practice |
| P3000 | 99480 | NCCI | Standards of medical/surgical practice |
| P3000 | G0380 | NCCI | Standards of medical/surgical practice |
| P3000 | G0381 | NCCI | Standards of medical/surgical practice |
| P3000 | G0382 | NCCI | Standards of medical/surgical practice |
| P3000 | G0383 | NCCI | Standards of medical/surgical practice |
| P3000 | G0384 | NCCI | Standards of medical/surgical practice |
| P3001 | 88141 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 361 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| P3001 | 88142 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88143 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88147 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88148 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88150 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88152 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88153 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88154 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88164 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88165 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88166 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88167 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P3001 | 88174 | NCCI | Misuse of Column 2 code with Column 1 code |
| P3001 | 88175 | NCCI | Misuse of Column 2 code with Column 1 code |
| P3001 | 99201 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99202 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99203 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99204 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99205 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99211 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99212 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99213 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99214 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99215 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99217 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99218 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99219 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99220 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99221 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99222 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99223 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99231 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99232 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99233 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99234 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99235 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99236 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99238 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99239 | NCCI | NCCI Standards of medical / surgical practice |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 362 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|---------------|---|
| P3001 | 99241 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99242 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99243 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99244 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99245 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99251 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99252 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99253 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99254 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99255 | Retained NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99281 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99282 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99283 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99284 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99285 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99291 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99292 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99304 | NCCI | Standards of medical/surgical practice |
| P3001 | 99305 | NCCI | Standards of medical/surgical practice |
| P3001 | 99306 | NCCI | Standards of medical/surgical practice |
| P3001 | 99307 | NCCI | Standards of medical/surgical practice |
| P3001 | 99308 | NCCI | Standards of medical/surgical practice |
| P3001 | 99309 | NCCI | Standards of medical/surgical practice |
| P3001 | 99310 | NCCI | Standards of medical/surgical practice |
| P3001 | 99315 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99316 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99318 | NCCI | Standards of medical/surgical practice |
| P3001 | 99324 | NCCI | Standards of medical/surgical practice |
| P3001 | 99325 | NCCI | Standards of medical/surgical practice |
| P3001 | 99326 | NCCI | Standards of medical/surgical practice |
| P3001 | 99327 | NCCI | Standards of medical/surgical practice |
| P3001 | 99328 | NCCI | Standards of medical/surgical practice |
| P3001 | 99334 | NCCI | Standards of medical/surgical practice |
| P3001 | 99335 | NCCI | Standards of medical/surgical practice |
| P3001 | 99336 | NCCI | Standards of medical/surgical practice |
| P3001 | 99337 | NCCI | Standards of medical/surgical practice |
| P3001 | 99341 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99342 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99343 | NCCI | NCCI Standards of medical / surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 363 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| P3001 | 99344 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99345 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99347 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99348 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99349 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99350 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99354 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99355 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99356 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99357 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| P3001 | 99460 | NCCI | Standards of medical/surgical practice |
| P3001 | 99461 | NCCI | Standards of medical/surgical practice |
| P3001 | 99462 | NCCI | Standards of medical/surgical practice |
| P3001 | 99463 | NCCI | Standards of medical/surgical practice |
| P3001 | 99464 | NCCI | Standards of medical/surgical practice |
| P3001 | 99465 | NCCI | Standards of medical/surgical practice |
| P3001 | 99466 | NCCI | Standards of medical/surgical practice |
| P3001 | 99468 | NCCI | Standards of medical/surgical practice |
| P3001 | 99469 | NCCI | Standards of medical/surgical practice |
| P3001 | 99471 | NCCI | Standards of medical/surgical practice |
| P3001 | 99472 | NCCI | Standards of medical/surgical practice |
| P3001 | 99475 | NCCI | Standards of medical/surgical practice |
| P3001 | 99476 | NCCI | Standards of medical/surgical practice |
| P3001 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| P3001 | 99478 | NCCI | Standards of medical/surgical practice |
| P3001 | 99479 | NCCI | Standards of medical/surgical practice |
| P3001 | 99480 | NCCI | Standards of medical/surgical practice |
| P3001 | G0123 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0141 | NCCI | Standards of medical/surgical practice |
| P3001 | G0143 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0144 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0145 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0147 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0148 | NCCI | Misuse of column 2 code with column 1 code |
| P3001 | G0380 | NCCI | Standards of medical/surgical practice |
| P3001 | G0381 | NCCI | Standards of medical/surgical practice |

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Source: PNC-CARR Page 364 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| P3001 | G0382 | NCCI | Standards of medical/surgical practice |
| P3001 | G0383 | NCCI | Standards of medical/surgical practice |
| P3001 | G0384 | NCCI | Standards of medical/surgical practice |
| P9011 | P9010 | NCCI | NCCI Mutually exclusive procedures |
| P9011 | P9021 | NCCI | NCCI Mutually exclusive procedures |
| P9011 | P9022 | NCCI | NCCI Mutually exclusive procedures |
| P9011 | P9039 | NCCI | NCCI Mutually exclusive procedures |
| P9022 | P9010 | NCCI | NCCI Mutually exclusive procedures |
| P9022 | P9016 | NCCI | NCCI Mutually exclusive procedures |
| P9022 | P9021 | NCCI | NCCI Mutually exclusive procedures |
| P9022 | P9039 | NCCI | NCCI Mutually exclusive procedures |
| P9032 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9032 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9033 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 365 of 643

| | _ | | - |
|-----------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| P9036 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9036 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9037 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9038 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9039 | P9010 | NCCI | NCCI Mutually exclusive procedures |
| P9039 | P9016 | NCCI | NCCI Mutually exclusive procedures |
| P9039 | P9021 | NCCI | NCCI Mutually exclusive procedures |
| P9040 | P9010 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9011 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9016 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9019 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9020 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9021 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9022 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9031 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9034 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| | | | |

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Source: PNC-CARR Page 366 of 643

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|---------------|--|
| P9040 | P9035 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9040 | P9039 | NCCI | NCCI Misuse of Column 2 code with Column 1 code |
| P9612 | P9615 | NCCI | NCCI Mutually exclusive procedures |
| P9615 | P9615 | BCBST | Procedure redundant to itself. |
| Q0035 | Q0035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q0083 | 36120 | Retained NCCI | Mutually exclusive procedures |
| Q0083 | 36140 | Retained NCCI | Mutually exclusive procedures |
| Q0083 | 96405 | Retained NCCI | Mutually exclusive procedures |
| Q0083 | 96406 | Retained NCCI | Mutually exclusive procedures |
| Q0083 | 96420 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 36120 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 36140 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 96420 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 96422 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 96423 | Retained NCCI | Mutually exclusive procedures |
| Q0084 | 96425 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 36120 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 36140 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96405 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96406 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96420 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96422 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96423 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | 96425 | Retained NCCI | Mutually exclusive procedures |
| Q0085 | Q0083 | Retained NCCI | Most extensive procedures |
| Q0085 | Q0084 | Retained NCCI | Most extensive procedures |
| Q0091 | 99304 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99305 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99306 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99307 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99308 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99309 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99310 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99318 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99324 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99325 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99326 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99327 | NCCI | Standards of medical/surgical practice |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 367 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| Q0091 | 99328 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99334 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99335 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99336 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99337 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99354 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99355 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99356 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99357 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99360 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99455 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99456 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | 99460 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99461 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99462 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99463 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99464 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99465 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99466 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99468 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99469 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99471 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99472 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99475 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99476 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99477 | NCCI | Standard preparation/monitoring services for anesthesia |
| Q0091 | 99478 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99479 | NCCI | Standards of medical/surgical practice |
| Q0091 | 99480 | NCCI | Standards of medical/surgical practice |
| Q0091 | G0181 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | G0182 | NCCI | NCCI Standards of medical / surgical practice |
| Q0091 | G0380 | NCCI | Standards of medical/surgical practice |
| Q0091 | G0381 | NCCI | Standards of medical/surgical practice |
| Q0091 | G0382 | NCCI | Standards of medical/surgical practice |
| Q0091 | G0383 | NCCI | Standards of medical/surgical practice |
| Q0091 | G0384 | NCCI | Standards of medical/surgical practice |
| Q0111 | Q0111 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| Q0112 | Q0112 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 368 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|---|
| Q0113 | Q0113 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q0114 | Q0114 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q0115 | Q0115 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q1003 | Q1003 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q1003 | Q1004 | BCBST | NCCI Mutually exclusive procedures / The listed and edited codes are mutually exclusive in that typically only one lens is inserted. Both may be appropriate to reimburse if bilateral lens implants are performed during the same session. |
| Q1003 | Q1005 | BCBST | NCCI Mutually exclusive procedures / The listed and edited codes are mutually exclusive in that typically only one lens is inserted. Both may be appropriate to reimburse if bilateral lens implants are performed during the same session. |
| Q1004 | Q1004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q1004 | Q1005 | BCBST | NCCI Mutually exclusive procedures / The listed and edited codes are mutually exclusive in that typically only one lens is inserted. Both may be appropriate to reimburse if bilateral lens implants are performed during the same session. |
| Q1005 | Q1005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q3014 | Q3014 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| Q3017 | A0433 | BCBST | Edited code not allowed if used to report advanced life support with the listed service. |
| Q3017 | Q3017 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| R0075 | R0070 | NCCI | NCCI HCPCS/CPT procedure code definition |
| S0195 | S0195 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0195 | S0195 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0199 | S0199 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0208 | S0208 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0215 | S0215 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0220 | S0220 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0221 | S0221 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0250 | S0250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0255 | S0255 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0260 | S0260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0302 | S0302 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 369 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S0310 | S0310 | BCBST | |
| | 50310 | DCD31 | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0340 | S0340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0341 | S0341 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0342 | S0342 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0390 | 11055 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | 11056 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | 11057 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | 11719 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | 11720 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | 11721 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | G0127 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| S0390 | S0390 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0395 | S0395 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0400 | 50590 | BCBST | The edited code is considered an integral component of the listed code. |
| S0400 | S0400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0592 | S0592 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0601 | S0601 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0605 | S0605 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0610 | S0610 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0612 | S0612 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0620 | S0620 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0621 | S0621 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 370 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S0622 | S0622 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0630 | S0630 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S0800 | S0800 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0810 | S0810 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0812 | S0812 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S0830 | S0830 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S1001 | S1001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S1002 | S1002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S1030 | S1030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S1031 | S1031 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2053 | S2053 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2054 | S2054 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2055 | S2055 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2060 | S2060 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2061 | S2061 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2065 | S2065 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2080 | S2080 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2102 | S2102 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2103 | S2103 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2112 | S2112 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2115 | S2115 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2120 | S2120 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2140 | S2140 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2142 | S2142 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2150 | 38205 | BCBST | The listed procedure includes cell harvesting. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 371 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S2150 | 38206 | BCBST | The listed procedure includes cell harvesting. |
| S2150 | S2150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2202 | S2202 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2205 | S2205 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2206 | S2206 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2207 | S2207 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2208 | S2208 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2209 | S2209 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2260 | S2260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2300 | S2300 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2340 | S2340 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S2341 | S2341 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2342 | S2342 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2350 | S2350 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2360 | S2360 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2400 | S2400 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2401 | S2401 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2402 | S2402 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2403 | S2403 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2404 | S2404 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2405 | S2405 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2409 | S2409 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S2411 | S2411 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3601 | S3601 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3620 | S3620 | BCBST | Code redundant to self/should not be reported more than once due to standard description |

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Code bundling rules subject to additions, deletions, and/or revisions on a quarterly basis.

Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 372 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S3630 | S3630 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3645 | S3645 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3650 | S3650 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3652 | S3652 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3708 | S3708 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3818 | S3818 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3819 | S3819 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3830 | S3830 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3831 | S3831 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3835 | S3835 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3837 | S3837 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3900 | S3900 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3902 | S3902 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S3904 | S3904 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4005 | S4005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4011 | S4011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4013 | S4013 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4014 | S4014 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4015 | S4015 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4016 | S4016 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4017 | S4017 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4018 | S4018 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4020 | S4020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4021 | S4021 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 373 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S4022 | S4022 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4023 | S4023 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4025 | S4025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4026 | S4026 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4027 | S4027 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4028 | S4028 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4030 | S4030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4031 | S4031 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4035 | S4035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4037 | S4037 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4981 | S4981 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4989 | S4989 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4990 | S4990 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S4991 | S4991 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5000 | S5000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5001 | S5001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5035 | S5035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5036 | S5036 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5497 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 374 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S5497 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 375 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehens Code | sive | Component Code | Source | Rationale |
|--------------------|------|-------------------|--------|--|
| S5497 | | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5497 | | S5497 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5497 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5497 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S5498 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 376 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | Source | Rationale |
|-----------------|----|-------------------|--------|---|
| S5498 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 377 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|--|
| S5498 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5498 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5498 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 378 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S5498 | SJ | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 379 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale | | |
|--------------------|----|-------------------|----|--------|---|--|--|
| S5498 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S5498 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 380 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S5498 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 381 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5498 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 382 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S5498 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 383 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | re Component Code | | Source | Rationale |
|------------------|----|----------------------|----|--------|---|
| S5498 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 384 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compoi Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S5498 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5498 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 385 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S5498 | | S5498 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5498 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5498 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S5501 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 386 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S5501 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 387 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S5501 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5501 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5501 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 388 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5501 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 389 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5501 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 390 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5501 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 391 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5501 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 392 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5501 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 393 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5501 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 394 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|--|
| S5501 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5501 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 395 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S5501 | | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5501 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5501 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S5502 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 396 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|---|
| S5502 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 397 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S5502 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5502 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S5502 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 398 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor | | Source | Rationale |
|-----------------------|----|--------|----|--------|---|
| S5502 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 399 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5502 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 400 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5502 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 401 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5502 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 402 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S5502 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 403 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S5502 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 404 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|--|
| S5502 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S5502 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 405 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S5502 | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5502 | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5502 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S5502 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S5517 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 406 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S5517 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5517 | S5517 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5518 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 407 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|-----------------------|-------------------|--------|---|
| Comprehensive Code | Component Code | Source | Rationale |
| S5518 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5518 | S5518 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5520 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 408 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S5520 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | A4300 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5520 | A4301 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5520 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | C1751 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5520 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5520 | S5520 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5521 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 409 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S5521 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | A4300 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5521 | A4301 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5521 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | C1751 | BCBST | Edited code not allowed if used to report the catheter included in the listed supply. |
| S5521 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, this service includes all necessary supplies. |
| S5521 | S5521 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5522 | S5522 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S5523 | S5523 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8030 | S8030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8035 | S8035 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8037 | S8037 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8040 | S8040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8042 | S8042 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 410 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| | | | |
| S8049 | S8049 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8055 | S8055 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8085 | S8085 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8092 | S8092 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8095 | S8095 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8096 | S8096 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8097 | S8096 | BCBST | The edited code is considered an integral component of the listed code. |
| S8097 | S8097 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8100 | S8100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8101 | S8101 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8181 | S8181 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8185 | S8185 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8186 | S8186 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8189 | S8189 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8190 | S8190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8210 | S8210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S8999 | S8999 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9001 | S9001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9007 | S9007 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9015 | S9015 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S9024 | S9024 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9025 | S9025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9034 | S9034 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9055 | S9055 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9056 | S9056 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 411 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9061 | S9061 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9061 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9075 | S9075 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9083 | S9083 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9088 | S9088 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9090 | S9090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9098 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary solutions, equipment, and supplies (except drugs). |
| S9098 | S9098 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9109 | S9109 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9117 | S9117 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9125 | S9125 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 412 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9126 | S9126 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9127 | S9127 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9128 | S9128 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S9129 | S9129 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| S9131 | S9131 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9140 | S9140 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9141 | S9141 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9145 | S9145 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9150 | S9150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9208 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 413 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9208 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9208 | S9208 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9208 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9208 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9209 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 414 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9209 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9209 | S9209 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9209 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9209 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9211 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 415 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9211 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9211 | S9211 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9211 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9211 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9212 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 416 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9212 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9212 | S9212 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9212 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9212 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9213 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 417 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9213 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9213 | S9213 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9213 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9213 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9214 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 418 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9214 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9214 | S9214 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9214 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 419 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | • |
|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| S9214 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9325 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 420 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensiv | e Component Code | Source | Rationale |
|--------------|---------------------|--------|--|
| S9325 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9325 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9325 | S9325 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9325 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9326 SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 421 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|---|
| S9326 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 422 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | Source | Rationale |
|-----------------|----|-------------------|--------|---|
| S9326 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 423 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensi Code | ive | Component Code | Source | Rationale |
|---------------------|-----|-------------------|--------|--|
| S9326 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9326 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9326 S | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SH | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 S | SJ | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 424 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9326 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 425 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Compor Cod | | Source | Rationale |
|-----------------|----|---------------|----|--------|---|
| S9326 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 426 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9326 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 427 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Compor Cod | | Source | Rationale |
|-----------------|----|---------------|----|--------|---|
| S9326 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 428 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compoi Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S9326 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 429 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9326 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 430 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|---|
| S9326 | | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SJ | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | SH | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9326 | | S5498 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9326 | | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9326 | | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9326 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9326 | | S9325 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9326 | | S9326 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9326 | | S9327 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9326 | | S9328 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9326 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9327 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 431 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|---|
| S9327 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 432 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9327 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 433 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9327 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9327 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9327 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 434 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9327 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 435 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9327 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 436 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compoi Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S9327 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 437 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9327 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 438 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Cod | | Source | Rationale |
|-----------------------|----|---------------|----|--------|---|
| S9327 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 439 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor | | Source | Rationale |
|-----------------------|----|--------|----|--------|---|
| S9327 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 440 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9327 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9327 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9327 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9327 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9327 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9214 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9327 | | S9325 | | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9327 | | S9326 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9327 | | S9327 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9327 | | S9328 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 441 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9327 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9328 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 442 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9328 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 443 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9328 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9328 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9328 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 444 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9328 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 445 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9328 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 446 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9328 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 447 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9328 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 448 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compoi Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S9328 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 449 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compoi Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S9328 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 450 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|--|
| S9328 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9328 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9328 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9328 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9328 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9328 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9328 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9328 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9328 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 451 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9328 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9328 | S9325 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9328 | S9326 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9328 | S9327 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9328 | S9328 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9328 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9329 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9329 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 452 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Com | prehensive Code | Component Code | Source | Rationale |
|-----|--------------------|-------------------|--------|--|
| S93 | 329 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S93 | 329 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S93 | 329 | S9329 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S93 | 329 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S93 | 330 SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S93 | 330 SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 453 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9330 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 454 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9330 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 455 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9330 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9330 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9330 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 456 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 457 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 458 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 459 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 460 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 461 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9330 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 462 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9330 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9330 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9330 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9330 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9330 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9214 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9330 | | S9329 | | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9330 | | S9330 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 463 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9330 | | S9331 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9330 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9331 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 464 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9331 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 465 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale | | |
|-----------------------|----|-------------------|--------|--|--|--|
| S9331 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. | | |
| S9331 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. | | |
| S9331 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |
| S9331 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy | | |

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Source: PNC-CARR Page 466 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9331 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 467 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9331 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 468 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Compor | | Source | Rationale |
|-----------------|----|--------|----|--------|---|
| S9331 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 469 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9331 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 470 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9331 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 471 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Compreh Cod | | Compor | | Source | Rationale |
|----------------|----|--------|----|--------|---|
| S9331 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 472 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compo | | Source | Rationale |
|------------------|----|-------|----|--------|--|
| S9331 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9331 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9331 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9331 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9331 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9331 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9331 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9331 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 473 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9331 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9331 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9331 | S9329 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9331 | S9330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9331 | S9331 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9331 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9336 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 474 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9336 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9336 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9336 | S9336 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9336 | S9372 | BCBST | The edited home infusion therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9336 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9338 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 475 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9338 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 476 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| S9338 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9338 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9338 | S9338 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9338 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9339 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 477 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9339 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9339 | S9339 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9339 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9340 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 478 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9340 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9340 | S9340 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9340 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9341 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 479 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9341 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9341 | S9340 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9341 | S9341 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9341 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9342 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 480 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9342 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9342 | S9340 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9342 | S9341 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9342 | S9342 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9342 | S9343 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9342 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 481 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | _ |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| S9343 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |
| S9343 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except enteral formula). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 482 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9343 | S9340 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9343 | S9341 | BCBST | The edited home therapy code is considered redundant to or an integral component of the listed code in that it provides services to the patient already provided by the listed service with little or no significant additional benefit. |
| S9343 | S9343 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9343 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9345 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 483 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9345 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9345 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9345 | S9345 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9345 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9346 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 484 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9346 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 485 of 643

BlueCross BlueShield of Tennessee **Commercial and Medicaid Code Bundling Rules**

| Comprehens Code | sive | Component Code | Source | Rationale |
|--------------------|------|-------------------|--------|--|
| S9346 | | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9346 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9346 | | S9346 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9346 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9347 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 486 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|---|
| S9347 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 487 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|--|
| S9347 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9347 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9347 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 488 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9347 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 489 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9347 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 490 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compoi Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S9347 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 491 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9347 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 492 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9347 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 493 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9347 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 494 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9347 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9347 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 495 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9347 | S5498 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9347 | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9347 | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9347 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9347 | S9347 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9347 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9348 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 496 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9348 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9348 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9348 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9348 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9348 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9348 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9348 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 497 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9348 | | S9348 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9348 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9349 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 498 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9349 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 499 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9349 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9349 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9349 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 500 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9349 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 501 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9349 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 502 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9349 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 503 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9349 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 504 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9349 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 505 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Compor Cod | | Source | Rationale |
|-----------------|----|---------------|----|--------|---|
| S9349 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 506 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compo | | Source | Rationale |
|------------------|----|-------|----|--------|--|
| S9349 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9349 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9349 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9349 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9349 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 507 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9349 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9349 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9349 | S9326 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9327 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9328 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9331 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9347 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9349 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9349 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9351 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 508 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

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|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| S9351 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9351 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9351 | S9351 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9351 | S9370 | BCBST | The edited code is considered an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 509 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9351 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9353 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 510 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9353 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9353 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9353 | S9353 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9353 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9355 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 511 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9355 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9355 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9355 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9355 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 512 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|--------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| S9355 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9355 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9355 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9355 | S9355 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9355 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9357 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 513 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9357 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9357 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9357 | S9357 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9357 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9359 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 514 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|--------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| S9359 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 515 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9359 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9359 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9359 | S9359 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9359 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9361 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 516 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9361 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9361 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9361 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9361 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9361 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9361 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9361 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 517 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive | Component | | • |
|---------------|-----------|--------|--|
| Code | Code | Source | Rationale |
| S9361 | S9361 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9361 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9363 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 518 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9363 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9363 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9363 | S9363 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9363 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9364 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 519 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9364 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9364 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 520 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9364 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9364 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9364 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9364 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9364 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9364 | S9364 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9364 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9365 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 521 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | • |
|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| S9365 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9365 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9365 | S9364 | BCBST | The edited code is considered an integral component of the listed code. |
| S9365 | S9365 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9365 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 522 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9366 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 523 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9366 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9366 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9366 | S9364 | BCBST | The edited code is considered an integral component of the listed code. |
| S9366 | S9365 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9366 | S9366 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9366 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9367 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 524 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9367 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9367 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 525 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9367 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9367 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9367 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9367 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9367 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9367 | S9364 | BCBST | The edited code is considered an integral component of the listed code. |
| S9367 | S9365 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9367 | S9366 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9367 | S9367 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9367 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9368 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 526 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9368 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9368 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9368 | S9364 | BCBST | The edited code is considered an integral component of the listed code. |
| S9368 | S9365 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 527 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9368 | S9366 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9368 | S9367 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9368 | S9368 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9368 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9370 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 528 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9370 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9370 | S9370 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9370 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9372 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 529 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9372 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9372 | S9372 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9372 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9373 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 530 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensi Code | ve Component Code | Source | Rationale |
|---------------------|----------------------|--------|--|
| S9373 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9373 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9373 | S9373 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9373 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9374 | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 S | H A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | | | |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 531 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|---|
| S9374 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 532 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9374 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 533 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9374 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9374 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9374 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 534 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9374 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 535 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9374 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 536 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S9374 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 537 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9374 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 538 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S9374 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 539 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9374 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 540 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|--|
| S9374 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9374 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9374 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9374 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9374 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9214 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9374 | | S9373 | | BCBST | The edited code is considered an integral component of the listed code. |
| S9374 | | S9374 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9374 | | S9810 | | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 541 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9375 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 542 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9375 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 543 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|--|
| S9375 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9375 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9375 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 544 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9375 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 545 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9375 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 546 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9375 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 547 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9375 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 548 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9375 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 549 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Cod | | Source | Rationale |
|-----------------------|----|---------------|----|--------|---|
| S9375 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 550 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|--|
| S9375 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9375 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9375 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9375 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9375 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9214 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9375 | | S9373 | | BCBST | The edited code is considered an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 551 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9375 | | S9374 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9375 | | S9375 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9375 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9376 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 552 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9376 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 553 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9376 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9376 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9376 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 554 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9376 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 555 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9376 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 556 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9376 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 557 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9376 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 558 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9376 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 559 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9376 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 560 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|--|
| S9376 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9376 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9376 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9376 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9376 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9376 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9376 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 561 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9376 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9376 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9376 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9376 | S9373 | BCBST | The edited code is considered an integral component of the listed code. |
| S9376 | S9374 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9376 | S9375 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9376 | S9376 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9376 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9377 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 562 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9377 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9377 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9377 | S9373 | BCBST | The edited code is considered an integral component of the listed code. |
| S9377 | S9374 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9377 | S9375 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |
| S9377 | S9376 | BCBST | The edited home infusion therapy code is considered an integral component of the listed code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 563 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensiv Code | e Component Code | Source | Rationale |
|----------------------|---------------------|--------|--|
| S9377 | S9377 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9377 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9379 SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SH | 1 A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SH | H A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 S⊦ | H A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 S⊦ | H A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SH | H A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SH | H A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 SH | H A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 564 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9379 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 565 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9379 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9379 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9379 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 566 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9379 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 567 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9379 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 568 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9379 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 569 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9379 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 570 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9379 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 571 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9379 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 572 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|--|
| S9379 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9379 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9379 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9379 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9379 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Source: PNC-CARR Page 573 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9379 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9379 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9379 | S9326 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9327 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9328 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9330 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9331 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9347 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9349 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9374 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9375 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9376 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9379 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9379 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9381 | S9381 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9401 | S9401 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9430 | S9430 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9435 | S9435 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9436 | S9436 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9437 | S9437 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9438 | S9438 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9439 | S9439 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9441 | S9441 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9442 | S9442 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 574 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9443 | S9443 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9444 | S9444 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9445 | S9445 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9446 | S9446 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9447 | S9447 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9449 | S9449 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9451 | S9451 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9452 | S9452 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9453 | S9453 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9454 | S9454 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9455 | S9455 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9460 | S9460 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9465 | S9465 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9470 | S9470 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9472 | S9472 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9473 | S9473 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9474 | S9474 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9475 | S9475 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9480 | S9480 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9485 | S9485 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9494 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 575 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9494 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 576 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9494 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9494 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9494 | S9497 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9500 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9501 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9502 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9503 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9504 | BCBST | The edited code is a component of the listed code. The listed code should not be used with the edited code, as per the descriptor for the listed code. |
| S9494 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9497 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 577 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9497 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9497 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 578 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|---|
| S9497 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9497 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9497 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9497 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9497 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9497 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9500 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 579 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | Source | Rationale |
|-----------------|----|-------------------|--------|---|
| S9500 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 580 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe | | Component Code | Source | Rationale |
|----------|----|-------------------|--------|--|
| S9500 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9500 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9500 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 581 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9500 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 582 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | | Source | Rationale |
|-----------------|----|----------------|----|--------|---|
| S9500 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 583 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9500 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 584 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9500 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 585 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | | Component Code | | Source | Rationale |
|-----------------|----|-------------------|----|--------|---|
| S9500 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 586 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | | Source | Rationale |
|------------------|----|-------------------|----|--------|---|
| S9500 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 587 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Component Code Code | | | Source | Rationale | |
|-----------------------------------|----|-------|--------|-----------|--|
| S9500 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9500 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9500 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9500 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 588 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Component Code | Source | Rationale |
|------------------|----|-------------------|--------|--|
| S9500 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9500 | | S9500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9500 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9501 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 589 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9501 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 590 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9501 S | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | 3J | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9501 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9501 S | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 S | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 591 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Code | | Source | Rationale |
|-----------------------|----|----------------|----|--------|---|
| S9501 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 592 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9501 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 593 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9501 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 594 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Cod | • | | | Source | Rationale |
|-----------------|----|-------|----|--------|---|
| S9501 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 595 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9501 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 596 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9501 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 597 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compoi Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|--|
| S9501 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9501 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 598 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|----------------|--------|--|
| S9501 | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9501 | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9501 | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9501 | S9500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9501 | S9501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9501 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9502 | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 599 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|---|
| S9502 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 600 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9502 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9502 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9502 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 601 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor | | Source | Rationale |
|-----------------------|----|--------|----|--------|---|
| S9502 | SH | A6216 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A6216 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A6219 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A6257 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | A6402 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B4220 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 602 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9502 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 603 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9502 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 604 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9502 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 605 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9502 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 606 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Compor Cod | | Source | Rationale |
|--------------------|----|---------------|----|--------|---|
| S9502 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 607 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compoi Cod | | Source | Rationale |
|------------------|----|---------------|----|--------|---|
| S9502 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 608 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9502 | | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | SH | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9502 | | S5498 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9502 | | S9500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S9501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S9502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9502 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9503 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 609 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9503 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 610 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9503 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 611 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|----------------|--------|--|
| S9503 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9503 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9503 SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SJ | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 SH | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | B4224 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 612 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 613 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 614 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 615 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 616 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 617 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9503 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 618 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|--------------------|----|-------------------|--------|--|
| S9503 | SJ | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | S1015 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SJ | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | SH | S1016 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9503 | | S5498 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S5501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S5502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S9208 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9209 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9211 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9212 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9213 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9214 | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9503 | | S9500 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S9501 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S9502 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S9503 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9503 | | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9504 | SJ | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4206 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 619 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9504 | | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4207 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4208 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4209 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4210 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4211 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4212 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4213 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4215 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 620 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|---|
| S9504 | SJ | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4221 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4230 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4231 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4232 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4244 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4245 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 621 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | Source | Rationale |
|-----------------------|----|-------------------|--------|--|
| S9504 | | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4246 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A4247 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9504 | | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, home infusion procedures include all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period. |
| S9504 | SH | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A6216 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A6219 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A6257 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | A6402 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B4220 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B4222 | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 622 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9504 | SJ | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B4222 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B4224 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9004 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9004 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9004 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9004 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | B9006 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Source: PNC-CARR Page 623 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|-----------------------|----|-------------------|----|--------|---|
| S9504 | SJ | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9006 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | B9006 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | B9006 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0776 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0776 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0776 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0776 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 624 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9504 | SJ | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0779 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0779 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0779 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0779 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0780 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0780 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0780 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0780 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0781 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0781 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 625 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compor | | Source | Rationale |
|------------------|----|--------|----|--------|---|
| S9504 | SH | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0781 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0781 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0782 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0782 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0782 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0782 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0783 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 626 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Compreh Cod | | Compor | | Source | Rationale |
|----------------|----|--------|----|--------|---|
| S9504 | | E0783 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0783 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0783 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0784 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0784 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0784 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0784 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0785 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 627 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | | Component Code | | Source | Rationale |
|--------------------|----|-------------------|----|--------|---|
| S9504 | SJ | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0785 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0785 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0785 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0786 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0786 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0786 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0786 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0791 | NU | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 628 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehe Code | | Compo | | Source | Rationale |
|------------------|----|-------|----|--------|--|
| S9504 | SH | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0791 | UE | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | E0791 | RR | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | E0791 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | S1015 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SH | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | SJ | S1016 | | BCBST | Description of comprehensive code includes the component code; BCBST Billing Guidelines for Home Health and Home Infusion Therapy |
| S9504 | | S5498 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S5501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S5502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S9208 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9209 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9211 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9212 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9213 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9214 | | BCBST | This edited code should not be used with any home infusion per diem code, as per the descriptor for the edited code. |
| S9504 | | S9500 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S9501 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S9502 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | | S9503 | | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 629 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9504 | S9504 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9504 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9529 | S9529 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9537 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 630 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S9537 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9537 | S9537 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9537 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9538 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |

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Source: PNC-CARR Page 631 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|---|
| S9538 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except blood products and drugs). |
| S9538 | S9538 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9538 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9542 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 632 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9542 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9542 | S9542 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9542 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9546 | S9546 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9558 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 633 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9558 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9558 | S9558 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9558 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9559 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 634 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9559 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9559 | S9559 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9559 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9560 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 635 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9560 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9560 | S9560 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9560 | S9810 | BCBST | This edited code should not be used with any per diem code, as per the descriptor for the edited code. |
| S9562 | A4206 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4207 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4208 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4209 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4210 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4212 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4213 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4215 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 636 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| S9562 | A4221 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4244 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4245 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4246 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4247 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4250 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | A4455 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | S1015 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | S1016 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9562 | S9562 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9562 | S9810 | BCBST | Edited code not allowed if used to report services included in the listed procedure. |
| S9590 | A4320 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4322 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4355 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4397 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4398 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4399 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | A4400 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 637 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| S9590 | Q2004 | BCBST | The edited code is a component of the listed code when reported as part of the listed service. As per HCPCS descriptor, the listed service includes all necessary supplies and equipment (except drugs). |
| S9590 | S9590 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9590 | S9810 | BCBST | Edited code not allowed if used to report services included in the listed procedure. |
| S9802 | S9802 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9970 | S9970 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9975 | S9975 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9981 | S9981 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9986 | S9986 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9989 | S9989 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9990 | S9990 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9991 | S9991 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9992 | S9992 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9994 | S9994 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| S9996 | S9996 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1000 | T1000 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1001 | T1001 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1002 | T1002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1003 | T1003 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1004 | T1004 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1005 | T1005 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1006 | T1006 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1007 | T1007 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1009 | T1009 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1010 | T1010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 638 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| T1012 | T1012 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1013 | T1013 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1015 | 99201 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99202 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99203 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99204 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99205 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99211 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99212 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99213 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99214 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | 99215 | BCBST | Edited code not allowed if used to report evaluation and management services included in the listed service. |
| T1015 | T1000 | BCBST | Edited code not allowed if used to report nursing services included in the listed service. |
| T1015 | T1001 | BCBST | Edited code not allowed if used to report nursing services included in the listed service. |
| T1015 | T1002 | BCBST | Edited code not allowed if used to report nursing services included in the listed service. |
| T1015 | T1003 | BCBST | Edited code not allowed if used to report nursing services included in the listed service. |
| T1015 | T1004 | BCBST | Edited code not allowed if used to report nursing services included in the listed service. |
| T1015 | T1015 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1017 | T1016 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| T1018 | T1018 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1020 | T1019 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| T1022 | T1022 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1023 | T1023 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1024 | T1024 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 639 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| T1025 | T1025 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1025 | T1026 | BCBST | This service, supply, or equipment is considered a component of the listed code or represents an alternative service, supply or equipment which is generally redundant to the listed code. |
| T1028 | T1028 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1029 | T1029 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1030 | T1030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T1031 | T1031 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| T2002 | T2002 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5008 | V5008 | BCBST | Code redundant to self/should not be reported more than once due to standard description |
| V5010 | V5010 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5011 | V5011 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5014 | V5014 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5020 | V5020 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5030 | V5030 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5040 | V5040 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5050 | V5050 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5060 | V5060 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5070 | V5070 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5080 | V5080 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5090 | V5090 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5095 | V5095 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5100 | V5030 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| V5100 | V5040 | BCBST | The edited code is considered redundant to or an integral component of the listed code. |
| V5100 | V5100 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5110 | V5110 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 640 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| | | | _ |
|-----------------------|-------------------|--------|--|
| Comprehensive Code | Component Code | Source | Rationale |
| V5120 | V5120 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5130 | V5130 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5140 | V5140 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5150 | V5150 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5160 | V5160 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5170 | V5170 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5180 | V5170 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5180 | V5180 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5190 | V5170 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5190 | V5180 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5190 | V5190 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5200 | V5200 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5210 | V5210 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5220 | V5210 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5220 | V5220 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5230 | V5210 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5230 | V5220 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5230 | V5230 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5240 | V5240 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5241 | V5241 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5242 | V5242 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5243 | V5242 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5243 | V5243 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5244 | V5244 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5245 | V5244 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5245 | V5245 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5246 | V5244 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5246 | V5245 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 641 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|--------------------|-------------------|--------|--|
| V5246 | V5246 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5247 | V5244 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5247 | V5245 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5247 | V5246 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5247 | V5247 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5248 | V5248 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5249 | V5248 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5249 | V5249 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5250 | V5250 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5251 | V5250 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5251 | V5251 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5252 | V5252 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5253 | V5252 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5253 | V5253 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5254 | V5254 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5255 | V5254 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5255 | V5255 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5256 | V5254 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5256 | V5255 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5256 | V5256 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5257 | V5254 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5257 | V5255 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5257 | V5256 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5257 | V5257 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5258 | V5258 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5259 | V5258 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5259 | V5259 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5260 | V5258 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5260 | V5259 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5260 | V5260 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Print Date: 05/12/2010 BlueCross BlueShield of Tennessee-Coding Bundling Rules

Source: PNC-CARR Page 642 of 643

BlueCross BlueShield of TennesseeCommercial and Medicaid Code Bundling Rules

| Comprehensive Code | Component Code | Source | Rationale |
|-----------------------|-------------------|--------|--|
| V5261 | V5258 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5261 | V5259 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5261 | V5260 | BCBST | The listed and edited hearing aid codes are mutually exclusive. |
| V5261 | V5261 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5264 | V5264 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5268 | V5268 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5269 | V5269 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5270 | V5270 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5271 | V5271 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5272 | V5272 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5273 | V5273 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5274 | V5274 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5298 | V5298 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5299 | V5299 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5336 | V5336 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5362 | V5362 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5363 | V5363 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |
| V5364 | V5364 | BCBST | This service, supply, or equipment is appropriately provided only once for a patient, or is typically only provided more than once in unusual circumstances. |

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Source: PNC-CARR Page 643 of 643