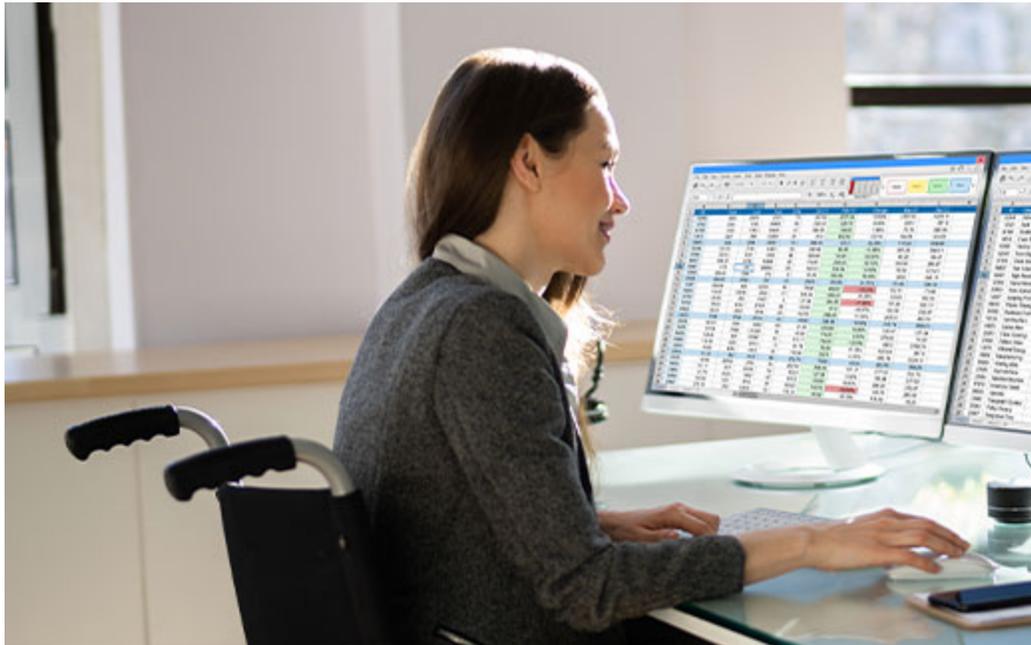


# Revised rule requires billing with a comprehensive single code

[pages.azblue.com/BCBSAZ-revises-claim-code-replacement-edit---Nov-2022.html](https://pages.azblue.com/BCBSAZ-revises-claim-code-replacement-edit---Nov-2022.html)

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Blue Cross® Blue Shield® of Arizona (BCBSAZ) has revised a common claim edit. This multi-code edit is applied to claims (for plans other than Medicare Advantage) billed with separate procedure codes that map to a more comprehensive single code.

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The edit was previously set up to automatically *deny codes for multiple procedures and add the single code* that more accurately describes the complete range of services performed.

We have revised the edit. Effective immediately, if you submit a claim with multiple codes when a single, comprehensive procedure code exists for those services, the system will automatically deny the multiple codes. It will not add the replacement code. You will have to resubmit your claim with the comprehensive procedure code that represents the services rendered.

The remit message will say:

*BCBSAZ denied this claim line because our code editing software has identified it as an unbundled service that should be billed as part of a comprehensive procedure code. Please resubmit this claim with corrected information for processing.*

## Example of a comprehensive procedure code

As an example, CPT® code 80047 indicates a basic metabolic panel that includes multiple tests (codes 82330, 82374, 82435, 82565, 82947, 84132, 84295, and 84520). If all of the individual tests were performed, the 80047 panel code would be the correct way to bill for the services.

## **Set up your billing to use comprehensive codes**

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There are several CPT codes that encompass multiple services. Lab panel codes are commonly used to bill for multiple tests, as in the example above. Other types of comprehensive codes include:

- Wound repair codes that indicate the total number of centimeters of repair
- Cardiovascular codes that cover several components of stress testing
- A single fetal code that includes both biophysical profile and non-stress testing

To avoid claim denials and resubmissions, please instruct your billing team or service to bill using the single comprehensive code that more accurately describes the services performed.

## **Resources for more information about comprehensive codes**

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CPT guidance covers the use of lab panel and other multi-service codes. Other references include:

- [CMS, Medicare Coverage Database, “Laboratory Panels – Coding and Billing \(A56486\)”](#)
- [CMS, Medicare-Medicaid Coordination, “Medicare National Correct Coding Initiative \(NCCI\) Edits”](#)

If you have questions, please reach out to your [provider liaison](#), or call us at 602-864-4231 or 1-800-232-2345, ext. 4231.

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