

## Anthem Blue Cross and Blue Shield Central Region Clinical Claim Edit

**Subject:** Photochemotherapy, Tar and Ultraviolet B with Photochemotherapy {PUVA} and Phototherapy {Gloeckerman and/or {PUVA}}

**Edit# 153**

**Effective: 07/16/2010 – 12/31/2099**

Coverage is subject to the terms, conditions, and limitations of an individual member's programs or products and the edit criteria listed below. Please compare the claim's date of adjudication to the range of the edit in question. Prior versions, if any, can be found below.

### Description

CODE	RULE	CODE
96912	Incidental	96910
96910	Incidental	96913
96912		

### Rationale

Anthem Central Region bundles 96912 as redundant/mutually exclusive to 96910. Based on the National Correct Coding Initiative Edits, code 96912 is listed as a component code to code 96910. Therefore, if 96912 is submitted with 96910—only 96910 reimburses.

Anthem Central Region bundles 96910 and 96912 as incidental with 96913. Procedure 96910 (Gloeckerman treatment) and 96912 (Ultraviolet A (PUVA) treatment) which are both components of 96913. Therefore if 96910 and /or 96912 is submitted with 96913—only 96913 reimburses.

### Reference

- Centers for Medicare and Medicaid. (April 1, 2010-June 30, 2010) National Correct Coding Initiative Edits-Version 16.1. Retrieved May 3, 2010 from the World Wide Web:  
<http://www.cms.gov/NationalCorrectCodInitEd/NCCIEP/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=ascending&itemID=CMS046545&intNumPerPage=10>

## Anthem Blue Cross and Blue Shield Central Region Clinical Claim Edit

**Subject:** Photochemotherapy, Tar and Ultraviolet B with Photochemotherapy {PUVA} and Phototherapy {Gloeckerman and/or {PUVA}}

**Edit# 153**

**Effective: 09/15/2003 – 07/15/2010**

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### Description

CODE	RULE	CODE
96910	Incidental	96912 96913

### Rationale

Anthem Central Region bundles 96910 as redundant/mutually exclusive with 96912 and/or 96913. At times it may be necessary to combine different forms of light treatment in a single session. When this happens, the light treatment that composed the majority of the treatment is the treatment that should be submitted for reimbursement, since only one light treatment should be performed in a session. Therefore, if 96910 is submitted with either 96912 or 96913—only 96912 or 96913 reimburses.

### Reference

1. Ingenix, Inc. Surgery: Female Genital System Section. National Correct Coding Guide; (8.2): Urinary-23.
2. American Medical Association. Coding Paravaginal Defect Repair. CPT Assistant; January 1997 7(1): 1.

### Claim Edit History

07/16/2010	Revised
09/15/2003	Adopted