

CPT® Code 99080

Blue Cross and Blue Shield of Alabama encourages all vendors to receive the maximum number of diagnosis codes at the claim level without any dependencies on the number of lines/procedures. However, results from the diagnosis code exercise identified some practice management system limitations that require providers to enter multiple lines/procedures in order to submit the maximum allowed 12 diagnosis codes on professional claims, as allowed by the ASC X12 5010 Type 3 Technical Reports (TR3).

Since this may require enhancements for some practice management vendor systems, the use of Current Procedural Terminology (CPT) code 99080 is an acceptable interim solution. This enables a provider to submit additional claim lines with zero charges, if necessary, in order to accommodate the need to send additional diagnosis codes. This procedure code can be submitted to Blue Cross in cases where your patient has multiple medical conditions but only has one procedure performed in a provider's office on a date of service (i.e., E&M codes only).

Note: It is important for a physician's office to fully code each encounter and only report diagnosis codes that were actively addressed or have a material impact on the health status of the patient. Also note that CPT code 99080 is not to be used as a standalone procedure code on a claim.

For additional information, contact Provider eSolutions at Ask-EDI@bcbsal.org or 205-220-6899.