EmblemHealth | ConnectiCare

Reimbursement Policy:

Bundled Services

(Commercial and Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20220031	1/01/2018	**RPC (Reimbursement Policy Committee)**

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

All codes published on the National Physician Fee Schedule (NPFS) by the Centers for Medicare and Medicaid Services (CMS) are assigned a status code. The status code indicates whether the code is separately payable if the service is covered.

The Centers for Medicare and Medicaid Services (CMS) classifies certain procedure codes as always bundled when billed on the same claim or a historical claim containing another procedure code or codes to which the bundled code shares an incidental relationship.

The purpose of this policy is to define payment criteria for covered services designated by CMS as always bundled to another physician's procedure or service to be used in making payment decisions and administering benefits.

This policy applies to policy applies to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.

Policy Statement:

The Center for Medicare and Medicaid Services (CMS) maintains the National Physician Fee Schedule (NPFS) which contains CPT and HCPCS procedure codes. Each of these codes has a Status Indicator flag. This flag classifies the code into a specific category indicating how it will be handled in claims processing and whether it will be reimbursed.

EmblemHealth/ConnectiCare have aligned with CMS and consider certain services and supplies to be ineligible for separate reimbursement when reported by a professional provider. These services and/or supplies may be reported with a primary service or as a stand-alone service.

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates

EmblemHealth | ConnectiCare

Reimbursement Policy:

Bundled Services

(Commercial and Medicare)

This policy applies to those CPT/HCPCS codes with following CMS Status Indicators:

CMS Status Indicator	Description
Status "B"	**Bundled Code:** "Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient)."
Status "P"	**Bundled/Excluded Codes:** There are no RVUs and no payment amounts for these services. No separate payment should be made for them under the fee schedule. • If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service). • If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (for example, colostomy supplies) and would be paid under the other payment provisions of the act.
Status "T"	There are RVUS and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. (NOTE: This is a change from the previous definition, which states that injection services are bundled into any other services billed on the same date.)

Definitions:

Term	Description
Incidental Procedure	An incidental procedure is one that is carried out at the same time as a more complex primary procedure. These procedures require minimal additional provider resources and are considered not necessary to the performance of the primary procedure.
CMS Status "A" Indicator	"Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy."

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates

EmblemHealth | ConnectiCare

Reimbursement Policy:

Bundled Services

(Commercial and Medicare)

Term	Description
CMS Status "R" Indicator	"Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced. (NOTE: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)

Status B (Bundles Codes)

EmblemHealth/ConnectiCare have aligned with CMS and will not separately reimburse for certain CPT/HCPCS codes identified by the Centers for Medicare and Medicare Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File with a designated status of "B" indicating a bundled procedure. **Modifiers will not override the denial for the always bundled services and/or supplies**

*The table below is based upon the most current published list or update of **Status B** designations from CMS in the NPFS. The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply coverage or provider reimbursement.*

Status "B" CPT/HCPCS Codes (Commercial)											
0537T	0538T	0539T	15850	20930	20936	22841	34839	38204	90889	92354	92355
92358	92371	92531	92532	92533	92534	92605	92606	92618	92921	92925	92929
92934	92938	92944	93740	93770	94005	94150	96902	97602	99000	99001	99002
99024	99051	99053	99060	99070	99071	99072	99080	99100	99116	99135	99140
99288	99339	99340	99366	99367	99368	99377	99379	99380	99485	99486	A4262
A4263	A4270	A4300	A4550	G0269	G2211	Q3031	R0076				

Status "B" CPT/HCPCS Codes (Medicare)											
0537T	0538T	0539T	15850	20930	20936	22841	34839	36000	36416	38204	90885
90887	90889	92352	92353	92354	92355	92358	92371	92531	92532	92533	92534
92605	92606	92618	92921	92925	92929	92934	92938	92944	93740	93770	94005
94150	96040	96902	97602	98960	98961	98962	99000	99001	99002	99024	99050
99051	99053	99056	99058	99060	99070	99071	99072	99078	99080	99100	99116
99135	99140	99288	99339	99340	99366	99367	99368	99374	99377	99379	99380

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates

Reimbursement Policy:

Bundled Services

(Commercial and Medicare)

Status “B” CPT/HCPCS Codes (Medicare)											
99485	99486	A4262	A4263	A4270	A4300	A4550	G0269	G0501	G2211	Q3031	R0076

Status P (Bundled/Excluded Codes:)

EmblemHealth/ConnectiCare have aligned with CMS and will not separately reimburse for certain CPT/HCPCS codes identified by the Centers for Medicare and Medicare Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File with a designated status of "P". *Status “P” procedures are primarily categorized as supply codes.*

If the procedure code is listed with a status indicator of “P,” then payment for the procedure code is always included in the payment for other physician’s services to which they are incidental and which are not designated as a status “P” procedure or service.

Reimbursement:

1. EmblemHealth/ConnectiCare code editing software will evaluate the current claim and historical claim lines that are billed with procedure codes designated as status “P” and compare to other procedures billed on the claims.
2. This rule reviews claims for same member, same individual physician or other health care professional and same date of service.
3. If another procedure(s) is found that is not indicated as a status “P” code, the service line with the status “P” code is denied.
4. Payment for the status “P” code is considered subsumed by the payment for the other services without the status “P” designation.
5. Procedure codes designated as status “P” will always pay when billed alone.
6. Procedure codes designated as status “P” will always pay when billed with another procedure code that also bears the status “P” designation.

*The table below is based upon the most current published list or update of **Status P** designations from CMS in the NPFS. The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply coverage or provider reimbursement.*

Status “P” CPT/HCPCS Codes (Commercial and Medicare)											
A4265	A4301	A4305	A4306	A4310	A4311	A4312	A4313	A4314	A4315	A4316	A4320
A4322	A4326	A4327	A4328	A4330	A4335	A4338	A4340	A4344	A4346	A4351	A4352
A4354	A4355	A4356	A4357	A4358	A4361	A4362	A4364	A4367	A4398	A4399	A4400
A4402	A4404	A4436	A4437	A4455	A4465	A4470	A4480	A4556	A4557	A4558	A4649

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates

EmblemHealth | ConnectiCare

Reimbursement Policy:

Bundled Services

(Commercial and Medicare)

Status "P" CPT/HCPCS Codes (Commercial and Medicare)											
A5051	A5052	A5053	A5054	A5055	A5061	A5062	A5063	A5071	A5072	A5073	A5081
A5082	A5093	A5102	A5105	A5112	A5113	A5114	A5121	A5122	A5126	A5131	A6154
A6196	A6197	A6198	A6199	A6203	A6204	A6205	A6206	A6207	A6208	A6209	A6210
A6211	A6212	A6213	A6214	A6215	A6216	A6217	A6218	A6219	A6220	A6221	A6222
A6223	A6224	A6228	A6229	A6230	A6234	A6235	A6236	A6237	A6238	A6239	A6240
A6241	A6242	A6243	A6244	A6245	A6246	A6247	A6248	A6250	A6251	A6252	A6253
A6254	A6255	A6256	A6257	A6258	A6259	A6260	A6261	A6262	A6266	A6402	A6403
A6404	V2520										

Status T (Bundled/Excluded Codes:)

EmblemHealth/ConnectiCare have aligned with CMS and consider CPT® and HCPCS codes assigned a status indicator of T according to the CMS NPFS bundled into services assigned a status indicator of A or R provided on the same date of service by the Same Individual Physician or Other Health Care Professional, for which payment is made. **Modifier overrides will not prevent codes with a status indicator of T from bundling into other services.**

In some instances, a code assigned a status indicator of T is considered payable when reported alone or in the case of two codes assigned a status indicator of T being billed together with no additional service, on the same date of service by the Same Individual Physician or Other Health Care Professional. EmblemHealth/ConnectiCare will bundle the code with the lower relative value unit (RVU) into the code with the higher RVU.

*The table below is based upon the most current published list or update of **Status T** designations from CMS in the NPFS. The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply coverage or provider reimbursement.*

Status "T" CPT/HCPCS Codes (Commercial and Medicare)								
36591	36592	36598	94760	94761	96523	G0117	G0118	

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates

References:

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

Revision History

Company(ies)	DATE	REVISION
EmblemHealth **ConnectiCare**	**12/2022**	• **Commercial** - Added Following CPT/HCPCS Codes **effective 3/01/2023**: ○ Status P: A4305, A4306, A4310, A4465, A4557, A4558, A4649, A5055, A5061, A5062, A5063, A5071, A6214, A6215, A6217, A6222, A6224, A6260 and A6261 • **Commercial and Medicare** - Added Following CPT/HCPCS Codes **effective 3/01/2023**: ○ Status B: A4270 and A4550 ○ Status T: 36591, 36592, 36598, 94760, 94761, 96523, G0117 and G0118 • Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number

Proprietary information of EmblemHealth/ConnectiCare, Inc. © 2022 EmblemHealth & Affiliates