



REIMBURSEMENT POLICY

Bundled Services

Active

Policy Number: General Coding – 071
Policy Title: Bundled Services
Section: General Coding
Effective Date: 01/01/23

Product: Commercial FEP Medicare Advantage Platinum Blue

Description

This policy defines how Blue Cross and Blue Shield of Minnesota (Blue Cross) handles services designated on the National Physician Fee Schedule (NPFS) Relative Value file with a Status B indicator.

Definitions

Status Indicator B codes: A code classification data element found on the NPFS, as maintained by the Center for Medicare and Medicaid Services (CMS). This data element indicates a code that is always bundled into payment for other services.

Policy Statement

Procedure codes identified with an NPFS Status Indicator of B are not eligible for reimbursement, whether billed alone or with another service, and will be denied. These codes are considered an integral part of another service.

Status B codes submitted with any modifier including, but not limited to Modifier 59 cannot be used to override the Status B code. These Status B codes/services will be denied regardless of modifier use.

Blue Cross's payment policy is based upon the most current published list or update of Status B designations from CMS in the NPFS, except for the following codes which will be reimbursed separately: 96040, 98960, 98961, 98962.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.



All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

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 subscriber coverage or provider reimbursement.

- CPT/HCPCS Modifier:** N/A
- ICD-10 Diagnosis:** N/A
- ICD-10 Procedure:** N/A
- CPT/HCPCS:** Refer to [Appendix](#)
- Revenue Codes:** N/A

Cross Reference

Cross Reference: N/A

Policy History

10/01/2019	Initial Committee Approval Date
01/04/2021	Annual Policy Review
08/24/2021	Code update: 96040 removed from bundled services list
10/26/2021	Clarified 96040 as an exception to bundled services
12/28/2021	Code update: 98960, 98961, 98962 removed from bundled services list
01/01/2023	Q1 update removed 15850, 99339, 99340

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Appendix

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	96902	97010	97602	99000	99001	99002	99024
99050	99051	99053	99056	99058	99060	99070	99071	99072	99078
99080	99100	99116	99135	99140	99288	99366	99367	99368	99374
99377	99379	99380	99485	99486					
0537T	0538T	0539T							
A4262	A4263	A4270	A4300	A4550					
G0269	G0501	G2211	Q3031						
R0076									