

B Bundle Codes Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 form. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. 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, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Individual Exchange products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Mississippi, Nevada, and New York.

Policy

Overview

This document articulates UnitedHealthcare Individual Exchange policy regarding reimbursement to physicians or other health care professionals for codes which are assigned a status code "B" according to the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File.

Reimbursement Guidelines

All codes published on the NPFS Relative Value File are assigned a status code. The status code indicates whether the code is separately payable if the service is covered. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code "B":

"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)."

Consistent with CMS, UnitedHealthcare Individual Exchange will not separately reimburse for specific Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes assigned a status code "B" on the NPFs Relative Value File indicating a bundled procedure. B Bundle Codes are not reimbursable services regardless of whether they are billed alone or in conjunction with other services. The codes which UnitedHealthcare Individual Exchange has included in this policy (for which separate reimbursement is not made) can be found in the attachment section.

Codes

UnitedHealthcare Individual Exchange B Bundle Codes:

Contains a listing of codes assigned a status code "B" and included in UnitedHealthcare Individual Exchange's B Bundle Codes Policy.

0537T	0538T	0539T	R0076	20930	20936	22841	34839	36000	38204
90885	90887	90889	92352	92353	92354	92355	92358	92371	92531
92532	92533	92534	92921	92925	92929	92934	92938	92944	93740
93770	94150	96902	97010	97602	99002	99024	99070	99071	99072
99080	99288	99366	99367	99368	99485	99486	A4270	A4550	G0269
G0501	Q3031								

Questions and Answers

Q: Will UnitedHealthcare Individual Exchange reimburse a B Bundle Code if a modifier is appended?

A: No, B Bundle codes are not reimbursable with or without a modifier.

Resources

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

Centers for Medicare and Medicaid Services, CMS Manual System and other publications and services

History

1/1/2024	Policy Version Change Logo Updated Updated the B Bundle Code List History Section: Entries prior to 1/1/2022 archived.
1/1/2023	Policy Version Change Updated Policy Template
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange