

## 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 Community Plan reimbursement policies uses 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 forms and, when specified, to those billed on UB04 forms. 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.*

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan 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.*

*\*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application
<p><b>This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product</b></p> <p>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 and 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.</p>

Policy
<p><b>Overview</b></p> <p>This document articulates UnitedHealthcare Community Plan's 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.</p>
<p><b>Reimbursement Guidelines</b></p> <p>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":</p> <p>"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)."</p>

Consistent with CMS, UnitedHealthcare Community Plan 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 Community Plan has included in this policy (for which separate reimbursement is not made) can be found in the attachment section.

### State Exceptions




<b>Arizona</b>	Arizona Medicaid allows codes found on the Arizona B Bundle Code List to be reimbursed if no other payable services are billed
<b>Kansas</b>	Kansas Medicaid uses a state specific list of codes which are identified in the Kansas B Bundle Code List included in this policy
<b>Massachusetts</b>	Codes 99366 and 99368 are exempt from this policy
<b>Nebraska</b>	Code 90887 is exempt from this policy
<b>New Jersey</b>	Code 90887 is exempt from this policy
<b>Pennsylvania</b>	Code 99080 is exempt from this policy
<b>Tennessee</b>	Code 99071 is exempt from this policy
<b>Texas</b>	Code 99367 is exempt from this policy
<b>Washington</b>	Codes 99366 and 99368 are exempt from this policy for Behavioral Health (BH) providers
<b>Wisconsin</b>	Code A4550 is exempt from this policy

### Questions and Answers

**Q:** Will UnitedHealthcare Community Plan reimburse a B Bundle Code if a modifier is appended?

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

### Attachments

 <b>UnitedHealthcare Community Plan B Bundle Codes List</b>	Contains a listing of codes assigned a status code “B” and included in UnitedHealthcare Community Plan’s B Bundle Codes Policy
 <b>UnitedHealthcare Community Plan Arizona B Bundle Codes List</b>	Contains a listing of codes assigned a status code “B” for Arizona
 <b>UnitedHealthcare Community Plan Kansas B Bundle Codes List</b>	Contains a listing of codes assigned a status code “B” for Kansas

## Resources

Individual state Medicaid regulations, manuals & fee schedules

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

## History

<b>11/6/2020</b>	Policy Version Change Attachments Section: Updated B Bundle Codes List
<b>7/17/2020</b>	Policy Version Change State Exceptions Section: Removed exception for Iowa
<b>6/21/2020</b>	Policy Version Change Attachment Section: Arizona B Bundle Codes List History Section: Entries prior to 1/1/2018 archived
<b>2/23/2020</b>	Policy Version Change Attachment Section: Arizona B Bundle Codes List, Kansas B Bundle Codes List
<b>8/18/2019</b>	State Exceptions Section: Removed exception for Michigan
<b>8/2/2019</b>	Annual Anniversary Date and Version Change
<b>3/29/2019</b>	Policy Version Change Policy Verbiage Change: Added Q&A #1
<b>2/24/2019</b>	Attachments Section: Updated B Bundle, Arizona B Bundle and the Kansas B Bundle Codes Lists
<b>2/10/2019</b>	Title Section Changed. Removed RPOC reference State Exceptions Section: Added the exception for Massachusetts
<b>1/1/2019</b>	Policy Version Change History Section: Entries prior to 1/1/2017 archived
<b>11/14/2018</b>	Annual Policy Approval Date and Version Change Removed reference to Employer and Individual and Medicare and Retirement in the Application section.
<b>9/25/2018</b>	State Exceptions Section: Added the exception for New Jersey
<b>3/25/2018</b>	State Exceptions Section: Updated the exception for Texas to include all LOB's
<b>2/11/2018</b>	Attachments Section: Updated B Bundle Codes List
<b>1/1/2018</b>	Annual Policy Version Change History Section: Entries prior to 1/1/2016 archived
<b>3/16/2009</b>	Policy implemented by UnitedHealthcare Community & State