

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 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 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.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product

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.

Policy

Overview

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.

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":

The edits administered by this policy may be found on the following link using the appropriate year and quarter under the "Status Code" column:

[PFS Relative Value Files | CMS](#)

"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 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.

State Exceptions

Arizona

Arizona utilizes a customized B Bundle Codes List consisting of state identified codes allowed to be reimbursed if no other payable services are billed.

Arizona B Bundle Codes List

0537T	0538T	0539T	15850	20930	20936	22841	34839	36416	38204
90885	90887	90889	92352	92353	92354	92355	92358	92371	92531
92532	92533	92534	92605	92606	93740	93770	94005	94150	96040
96902	97010	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	99458	99485	99486	A4262	A4263
A4270	A4300	A4550	G0269	G2010	G2012	G2211	Q3031	R0076	

Indiana

The state of Indiana recognizes the following B bundling codes 0537T, 0538T, 0539T, 15850, 92921, 92925, 92929, 92934, 92938, 92944, 93740, 94150, 97602, 99080. All other B bundling codes are not billable per the Indiana covered codes lists.

Kansas

Kansas Medicaid uses a state specific list of codes identified below.

Kansas B Bundle Codes List

15850	20930	20936	22841	34839	36000	36415	36416	36591	36592
36593	36600	38204	90885	90887	90889	92352	92353	92354	92355
92358	92371	92531	92532	92533	92534	92605	92606	92618	92921
92925	92929	92934	92938	92944	93463	93740	93770	94005	94150
96040	96902	98960	98961	98962	99000	99001	99002	99024	99050
99051	99053	99056	99058	99060	99071	99078	99080	99091	99100
99116	99135	99140	99288	99339	99340	99358	99359	99374	99377
99379	99380	99446	99447	99448	99449	99485	99486	99487	99489
A0382	A0394	A0398	A4262	A4263	A4264	A4270	A4300	A4301	A4470
A4480	A4550	A4580	A4590	A4641	A4642	A4648	A4651	A4652	A7020
A7040	A9500	A9501	A9502	A9503	A9504	A9505	A9507	A9508	A9509
A9510	A9512	A9516	A9517	A9520	A9521	A9524	A9526	A9527	A9528
A9529	A9530	A9531	A9532	A9536	A9537	A9538	A9539	A9540	A9541
A9542	A9543	A9546	A9547	A9548	A9550	A9551	A9552	A9553	A9554
A9555	A9556	A9557	A9558	A9559	A9560	A9561	A9562	A9563	A9564
A9566	A9567	A9568	A9569	A9570	A9571	A9572	A9575	A9576	A9577

Kansas B Bundle Codes List									
A9578	A9579	A9580	A9581	A9582	A9583	A9584	A9585	A9586	A9600
A9604	A9698	A9699	A9700	C2616	C2634	C2635	C2636	C2637	C2638
C2639	C2640	C2641	C2642	C2643	C2644	C2645	C2698	C2699	C5271
C5272	C5273	C5274	C5275	C5276	C5277	C5278	C9460	E0455	G0269
G0471	J0365	J2850	L8693	Q3001	Q3031	Q4001	Q4002	Q4003	Q4004
Q4005	Q4006	Q4007	Q4008	Q4009	Q4010	Q4011	Q4012	Q4013	Q4014
Q4015	Q4016	Q4017	Q4018	Q4019	Q4020	Q4021	Q4022	Q4023	Q4024
Q4025	Q4026	Q4027	Q4028	Q4029	Q4030	Q4031	Q4032	Q4033	Q4034
Q4035	Q4036	Q4037	Q4038	Q4039	Q4040	Q4041	Q4042	Q4043	Q4044
Q4045	Q4046	Q4047	Q4048	Q4049	Q4050	Q4051	Q5002	Q5003	Q5004
Q5005	Q5006	Q5007	Q5008	Q5009	Q9950	Q9951	Q9953	Q9954	Q9955
Q9956	Q9957	Q9958	Q9959	Q9960	Q9961	Q9962	Q9963	Q9964	Q9965
Q9966	Q9967	Q9968	R0076	S0142					

Massachusetts	Codes 99366 and 99368 are exempt from this policy
Nebraska	Code 90887 is exempt from this policy
New Jersey	Code 90887 is exempt from this policy
Pennsylvania	Code 99080 is exempt from this policy
Tennessee	Code 99071 is exempt from this policy
Texas	Code 99367 is exempt from this policy
Washington	Codes 99366 and 99368 are exempt from this policy for Behavioral Health (BH) providers
Wisconsin	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.

Resources

Individual state Medicaid regulations, manuals & fee schedules

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

9/24/2021 Policy Version Change
 State Exceptions Section: Indiana added (Effective 4/1/2021)

6/13/2021 Policy Version Change
 State Exceptions Section: Arizona B Bundle Codes List Updated and Re-added to Policy

5/28/2021	Policy Version Change Attachments Section: Removed attachments(s) and converted to link in the Reimbursement Section
2/28/2021	Policy Version Change Attachments Section: Updated B Bundle Codes List Resources Section: Added CMS Manual System
1/17/2021	Policy Version Change Attachments Section: Arizona B Bundle Codes List removed History Section: Entries prior to 1/1/2019 archived
11/6/2020	Policy Version Change Attachments Section: Updated B Bundle Codes List
7/17/2020	Policy Version Change State Exceptions Section: Removed exception for Iowa
6/21/2020	Policy Version Change Attachment Section: Arizona B Bundle Codes List History Section: Entries prior to 1/1/2018 archived
2/23/2020	Policy Version Change Attachment Section: Arizona B Bundle Codes List, Kansas B Bundle Codes List
8/18/2019	State Exceptions Section: Removed exception for Michigan
8/2/2019	Annual Anniversary Date and Version Change
3/29/2019	Policy Version Change Policy Verbiage Change: Added Q&A #1
2/24/2019	Attachments Section: Updated B Bundle, Arizona B Bundle and the Kansas B Bundle Codes Lists
2/10/2019	Title Section Changed. Removed RPOC reference State Exceptions Section: Added the exception for Massachusetts
1/1/2019	Policy Version Change History Section: Entries prior to 1/1/2017 archived
3/16/2009	Policy implemented by UnitedHealthcare Community & State