

## B BUNDLE CODES POLICY (CES)

**Policy Number:** ADMINISTRATIVE 210.23C T0

**Effective Date:** November 1, 2020

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**Related Policies**

None

### INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

### APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

### APPLICATION

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 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.

### OVERVIEW

This document articulates Oxford'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 the status code B:

"Payment for covered services is 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, Oxford 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 Oxford has included in this policy (for which separate reimbursement is not made) can be found in the attachment section.

## QUESTIONS AND ANSWERS

|   |           |   |
|---|-----------|---|
| 1 | <b>Q:</b> | Will Oxford reimburse a B Bundle Code if a modifier is appended?    |
|   | <b>A:</b> | No, B Bundle codes are not reimbursable with or without a modifier. |

## APPLICABLE CODES

| CPT/HCPCS Codes              |       |       |       |       |       |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Status Code "B" Bundle Codes |       |       |       |       |       |       |       |       |       |       |
| 0537T                        | 0538T | 0539T | 15850 | 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 | 99071 | 99072 | 99080 | 99288 | 99366 | 99367 | 99368 |
| 99485                        | 99486 | A4270 | A4550 | G0269 | G0501 | Q3031 | R0076 |       |       |       |

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2019R0100C]

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

## POLICY HISTORY/REVISION INFORMATION

| Date       | Action/Description   |
|------------|--|
| 11/01/2020 | <b>Applicable Codes</b> <ul style="list-style-type: none"> <li>Added CPT code 99072 (<i>COVID-19 related edit</i>)</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Archived previous policy version ADMINISTRATIVE 210.22C T0</li> </ul> |