

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 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 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's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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 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.

Policy

Overview

This document articulates UnitedHealthcare'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":

"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 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.

Codes

B Bundle Codes:

Contains a listing of codes assigned a status code "B" and included in UnitedHealthcare'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 | G2211 | Q3031 | | | | | | | |

Questions and Answers

Q: Will UnitedHealthcare 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

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| 1/1/2023 | Policy Version Change Code Section: Added B Bundle Codes Table Section and removed PFS Relative Value Files link in the Reimbursement Section History Section: Entries prior to 9/26/2020 archived |
| 9/26/2021 | Policy Version Change Code Section: Added B Bundle Codes Table Section and removed PFS Relative Value Files link in the Reimbursement Section History Section: Entries prior to 9/26/2019 archived |
| 5/18/2021 | Policy Version Change Attachments Section: Removed attachments(s) and converted to link in the Reimbursement Section |
| 2/28/2021 | Policy Version Change Policy List Change: Updated B Bundle Codes list Resources Section: Added CMS Manual System History Section: Entries prior to 1/1/2019 archived |
| 8/1/2007 | Policy implemented by UnitedHealthcare Employer & Individual |
| 4/11/2007 | Policy approved by National Reimbursement Forum |