

## 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.*

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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":

"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.

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	Q3031								

State Exceptions																																																																																																													
<b>Arizona</b>	Arizona utilizes a customized B Bundle Codes List consisting of state identified codes allowed to be reimbursed if no other payable services are billed. <table border="1" data-bbox="342 999 1511 1371"> <thead> <tr> <th colspan="10">Arizona B Bundle Codes List</th> </tr> </thead> <tbody> <tr> <td>0537T</td><td>0538T</td><td>0539T</td><td>20930</td><td>20936</td><td>22841</td><td>34839</td><td>36000</td><td>36416</td><td>38204</td> </tr> <tr> <td>90885</td><td>90887</td><td>90889</td><td>92352</td><td>92353</td><td>92354</td><td>92355</td><td>92358</td><td>92371</td><td>92531</td> </tr> <tr> <td>92532</td><td>92533</td><td>92534</td><td>92605</td><td>92606</td><td>92618</td><td>92921</td><td>92925</td><td>92929</td><td>92934</td> </tr> <tr> <td>92938</td><td>92944</td><td>93740</td><td>93770</td><td>94005</td><td>94150</td><td>96040</td><td>96902</td><td>97010</td><td>97602</td> </tr> <tr> <td>98960</td><td>98961</td><td>98962</td><td>99000</td><td>99001</td><td>99002</td><td>99024</td><td>99050</td><td>99051</td><td>99053</td> </tr> <tr> <td>99056</td><td>99058</td><td>99060</td><td>99070</td><td>99071</td><td>99072</td><td>99078</td><td>99080</td><td>99100</td><td>99116</td> </tr> <tr> <td>99135</td><td>99140</td><td>99288</td><td>99339</td><td>99340</td><td>99366</td><td>99367</td><td>99368</td><td>99374</td><td>99377</td> </tr> <tr> <td>99379</td><td>99380</td><td>99485</td><td>99486</td><td>A4262</td><td>A4263</td><td>A4270</td><td>A4300</td><td>A4550</td><td>G0269</td> </tr> <tr> <td>G0501</td><td>G2211</td><td>Q3031</td><td>R0076</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>									Arizona B Bundle Codes List										0537T	0538T	0539T	20930	20936	22841	34839	36000	36416	38204	90885	90887	90889	92352	92353	92354	92355	92358	92371	92531	92532	92533	92534	92605	92606	92618	92921	92925	92929	92934	92938	92944	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	99485	99486	A4262	A4263	A4270	A4300	A4550	G0269	G0501	G2211	Q3031	R0076						
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<b>North Carolina</b>	Code 99367 and 99368 are exempt from this policy
<b>Pennsylvania</b>	Code 99080 is exempt from this policy
<b>Rhode Island</b>	Code 90889 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 Code 99366 is exempt from this policy
<b>Washington</b>	Codes 99366, 99368 and 92352 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

[Kansas B Bundle Codes List](#) Contains a listing of codes assigned a status code “B” for Kansas Medicaid.

### 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

<b>1/21/2024</b>	Policy Version Change State Exceptions Section: Kansas updated History Section: Entries prior to 1/21/2022 archived
<b>1/1/2024</b>	Policy Version Change Codes Section: Updated B Bundle Codes table State Exceptions Section: Kansas updated Attachment Section: Added. Converted Kansas table to attachment History Section: Entries prior to 1/1/2022 archived
<b>8/20/2023</b>	Policy Version Change State Exceptions Section: Kansas updated History Section: Entries prior to 8/20/2023 archived
<b>3/26/2023</b>	Policy Version Change State Exceptions Section: Kansas updated
<b>3/12/2023</b>	Policy Version Change State Exceptions Section: Washington updated History Section: Entries prior to 3/12/2021 archived
<b>2/5/2023</b>	Policy Version Change

	State Exceptions Section: Rhode Island added
<b>1/1/2023</b>	Policy Version Change State Exceptions Section: Colorado added Code Section: Added B Bundle Codes Table Section History Section: Entries prior to 1/1/2021 archived
<b>10/9/2022</b>	Policy Version Change State Exceptions Section: Arizona B Bundle Codes List Updated History Section: Entries prior to 10/9/2020 archived
<b>5/22/2022</b>	Policy Version Change State Exceptions Section: Arizona B Bundle Codes List Updated
<b>3/27/2022</b>	Policy Version Change State Exceptions Section: Arizona B Bundle Codes List Updated
<b>2/27/2022</b>	Policy Version Change State Exceptions Section: Arizona B Bundle Codes List Updated
<b>2/11/2022</b>	Policy Version Change State Exceptions Section: Kentucky added
<b>1/23/2022</b>	Policy Version Change State Exceptions Section: Minnesota updated
<b>3/16/2009</b>	Policy implemented by UnitedHealthcare Community & State