

## Status “B” Codes

### POLICY

This policy describes reimbursement of status "B" codes found on the National Physician Fee Schedule (NPFS) and to ensure that Peach State Health Plans providers have knowledge and understanding of the reimbursement methodology and coverage guidelines for Professional Fees in instances where the providers are submitting status "B" codes for reimbursement.

### POLICY DEFINITION

Centers for Medicare & Medicaid Services (CMS) assigns a status of “B” (Bundled Code) to certain procedures on the National Physician Fee Schedule (NPFS), which is defined as, “Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amount for these codes and no separate payment is made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident.”

Peach State Health Plan will not separately reimburse for certain CPT/HCPCS codes identified by the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File with a designated status of "B" indicating a bundled procedure. The list of Status B codes included in this policy for which separate reimbursement is not made can be found in the payment policy library which is updated annually.

Per the public use file that accompanies the NPFS Relative Value File, the following is stated for the status indicator of "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)."

### REIMBURSEMENT INFORMATION

Peach State Health Plan will not separately reimburse certain CPT/HCPCS codes identified by CMS' NPFS Relative Value File with a designated status of “B”, indicating a bundled procedure. Codes with the status of “B” on the NPFS are considered bundled with all other procedure codes.

In addition, modifier -59 cannot be used to override “B” status code edits. If a “B” status code is submitted with modifier -59, the claim line will still be denied.

## Status “B” Codes

### CODING

**CPT/HCPCS Codes:** Peach State Health Plan may specify CPT/HCPCS Codes to assist providers with identifying a CPT/HCPCS Code typically used to report a given service. In most instances CPT/HCPCS Codes are purely advisory; unless specified in the policy services reported under other CPT/HCPCS Codes are equally subject to this payment policy. Complete absence of all CPT/HCPCS Codes indicates that coverage is not influenced by CPT/HCPCS Code and the policy should be assumed to apply equally to all CPT/HCPCS Codes.

**ICD-9-CM Procedure Code:** Peach State Health Plan may specify ICD-9 CM Procedure Codes to assist providers with identifying a code typically used to report a given service. Absence of an ICD-9 CM code does not guarantee that the policy does not apply to that procedure. Complete absence of all ICD-9 CM code indicates that coverage is not influenced by the ICD-9 CM code and the policy should be assumed to apply equally to all claims.

**ICD-9 Codes that Support Medical Necessity:** The correct usage of an ICD-9 CM code listed in the “ICD-9 Codes that Support Medical Necessity” section does NOT guarantee coverage or reimbursement of a service. The service must be reasonable & necessary in the specific case and must meet the criteria as outlined in this payment policy.

### REFERENCES

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition.
2. A list of bundled codes can be found with the Physician Fee Schedule Relative Value File at: <http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage>

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**Revision Date:**

**THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO PEACH**