

MEDICAID REIMBURSEMENT POLICY

Bundled Services

Active

Section:	
Policy Number:	
Effective Date:	

General Coding 071 04/01/24

Description

This policy addresses how Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) reimburses services designated on the National Physician Fee Schedule (NPFS) Relative Value File with a Status B, P, or T indicator.

Definitions

National Physician Fee Schedule (NPFS) Relative Value File: This file contains the associated relative value units (RVUs), fee schedule status indicators, and various payment policy indicators.

Policy Statement

Status B codes

Status B codes are bundled. Payment for these services is always included in the payment for other services, whether billed alone or with another service, and will be denied.

Status P codes

Status P codes are bundled/excluded and not separately reimbursed under the fee schedule and will therefore be denied.

Status T codes

Status T codes are bundled. Payment for these services is included in other services when provided by the same provider on the same date of service and will be denied.

Status B, P, or T codes submitted with any modifier, including but not limited to modifier 59, cannot be used to prevent denials. These codes/services will be denied regardless of modifier use.

This Blue Cross policy is based upon the most current NPFS Relative Value File, in addition to the Minnesota Health Care Programs (MHCP) fee schedule 'FACT CODE' designation.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.



The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	N/A
ICD-10 Diagnosis:	N/A
ICD-10 Procedure:	N/A
CPT/HCPCS:	See <u>Appendix</u>
Revenue Codes:	N/A

Resources	
Current Procedural Terminology (CPT®)	
Healthcare Common Procedure Coding System (HCPCS)	
National Physician Fee Schedule (NPFS)	
Minnesota Health Care Programs (MHCP) Fee Schedule	

Policy History	
08/22/2023	Initial Committee Approval
01/01/2024	Code update
01/23/2024	Annual Policy Review

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Appendix

Status B									
38204	90885	94005	99001	99050	99051	99053	99056	99058	99060
99071	99072	99080	99288	99366	99367	99368	99374	99485	99486
0537T	0538T	0539T							
G0501	R0076								
Status P									
A4437	A6250								
Status T									
36591	36592	36598	94760	94761	96523	G0017	G0118		