



PROVIDER REIMBURSEMENT GUIDANCE

B Bundled Codes

Original Date Approved

Effective Date

Revision Date

02/10/2022

04/01/2022

02/01/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)

☒ One Care (MA)

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance (CCA) leverages the Centers for Medicare and Medicaid Services (CMS) and the National Physician Fee Schedule (NPFS) Relative Value File to identify procedures with a “B” status indicator code. Procedures with a “B” status indicator code are not eligible for individual reimbursement as the reimbursement is included, or “bundled,” with other services.

DEFINITIONS:

B Bundle Code – According to CMS, a NPFS status indicator of “B” describes a bundled code. Payment for these services is to be included or “bundled” into the reimbursement for other services not specified.

BILLING AND CODING GUIDELINES:

The NPFS Relative Value File outlines specific status codes, indicating which codes are separately payable if the service is covered. Per the NPFS Relative Value File regarding 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)."

Following CMS guidance, Commonwealth Care Alliance (CCA) will not separately reimburse for certain Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes assigned a status “B” code in the NPFS Relative Value File, indicating a bundled procedure. B Bundle Codes are non-reimbursable services regardless of the procedures being billed alone or combined with other procedures.

For a current list of B Bundle codes please see CMS guidance

**DISCLAIMER:**

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

CMS Website

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

CMS Addendum B –

Payment Policies:

Massachusetts

Provider Manuals:

Massachusetts

Prior Authorization Forms:

Massachusetts

POLICY TIMELINE DETAILS

1. Drafted October 2021
2. Approved _____ 2021
3. Effective November 11, 2021

Appendix B Bundle Codes List

