

Bundling (Status B, P, T)

Reimbursement Policy ID: RPC.0022.2100

Recent review date: 09/2023

Next review date: 08/2024

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy describes bundled payment status indicators in professional claims processing by AmeriHealth Caritas Louisiana.

The Centers for Medicare and Medicaid Services (CMS) bundles payment for services that are incidental to other services by the same provider. Any physician or other qualified health care professional from the same group practice, under the same specialty, and with the same Tax Identification Number (TIN) is considered the same provider.

AmeriHealth Caritas Louisiana aligns with the Centers for Medicare and Medicaid Services (CMS) regarding bundled payment criteria.

Exceptions

Any conflicting explicit state coverage provisions take precedence.

Reimbursement Guidelines

AmeriHealth Caritas Louisiana utilizes CMS Physician Fee Schedule (PFS) payment status indicators to classify bundled payments for services. No separate payment is made for procedure codes with CMS PFS status indicators of “B,” “P,” or “T”:

- “B” Bundled Codes represent services that are always considered incidental to other services rendered by the same provider on the same date of service. Payment is bundled with those other services.
- “P” Bundled and Excluded Codes represent services that are considered incidental to other services rendered by the same provider on the same date of service, or services that are not payable to a professional provider.
- “T” Only Service Paid Codes represent services that are considered incidental to other services, represented by procedure codes with a PFS status indicator of “A” or “R,” for the same date of service by the same provider. Payment is bundled with those other services.

Refer to CPT/HCPCS manuals for complete descriptions of procedures, PFS files for status payment indicators, and state billing resources for fee schedules and billing guidelines. Refer to Policy RPC.0026.2100 and associated policies regarding procedures and other services that are considered incidental under CMS National Correct Coding Initiative (NCCI).

Definitions

N/A

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS)*, and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value Files: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files>
- III. State provider manuals, fee schedules, and other billing resources.

Attachments

N/A

Associated Policies

RPC.0026.2100: National Correct Coding Initiative

Policy History

09/12/2023	Reimbursement Policy Committee Approval
08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
01/10/2023	Template Revised

	Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
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