

Policy Name	Bundled Services Policy
<p>Summary</p>	<p>Medica’s Bundled Services Policy defines services that are not eligible for separate reimbursement and considered to be part of another service. These services may have been provided on the same date of service or another date of service.</p> <p>The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File contains information on services covered by the Medicare Physician Fee Schedule including the relative value units (RVUs), a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.) Codes assigned a status indicator of “B” are always bundled into payment for other services not specified</p> <p>For Medicare products, the Medica Bundling Policy is based on the CMS status “B” indicator assignment; codes are not eligible for separate reimbursement and will deny as provider liability.</p> <p>For commercial and Medicaid members, certain codes with an assigned status indicator of “B” may be allowed for separate reimbursement subject to the member’s certificate of coverage and Medica Reimbursement Policies. These codes are identified on the Commercial and Medicaid – Status “B” Codes Eligible for Reimbursement.</p> <p>For commercial and Medicaid members, separate reimbursement is not allowed for the services defined on the Commercial and Medicaid Bundled Services Code List.</p>
<p>Definitions</p>	<p>National Physician Fee Schedule Relative Value File</p> <p>Status B: <u>Bundled Code</u>. 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).</p>
<p>Related Information</p>	<p>Code Lists: Medica Medicare Bundled Services Code List Medica Commercial and Medicaid Bundled Services Code List Medica Commercial and Medicaid –Status “B” Codes Eligible for Reimbursement</p>

Resources	<ul style="list-style-type: none">• CMS National Physician Fee Schedule• Center for Medicare and Medicaid Services (CMS)• Current Procedural Terminology (CPT)• Healthcare Common Procedure Coding System (HCPCS)• Member Certificate of Coverage
Effective Date	June 1, 2007
Revision Date	June 1, 2007 - Commercial and Medicaid Bundled Services Code List
Explanation of Change	<p>June 1, 2007: Addition of the following codes to the Commercial and Medicaid Bundled Services Code List: 20930, 20936, 22841, 78890, 78891, 90885, 91123, 92531, 92532, 92533, 92534, 92605, 92606, 93770, 94150, 96902, 99024, 99361, 99362 (Commercial products only)</p> <p>A4262, A4270, G0269, R0076</p> <p>July 1, 2007: Addition of CPT 99000 to the Medica Medicare Bundled Services Code List</p>