

Coding Policy

Bundled or Adjunct Services

CODING POLICY NUMBER: 13

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- i. Certain service codes are considered “bundled” services. Bundled services are not payable, even if they are the only services provided on that day. Payment for these services is bundled into payment for other services, whether or not the other services are performed on the same day. Some of the codes on this list are not paid because there are other codes used to report the same service. For example, care management

codes are not paid because there are other codes used to report these services, such as transitional care management codes, telephone calls, email visits, and two-way video visits.

- II. When the services on this list are denied, the provider may not collect payment from the member. Contract-specific exceptions may apply.

PROCEDURE

GENERAL

- All Category II CPT codes (tracking codes) and HCPCS codes used for tracking purposes (such as PQRI), including HCPCS codes Q5001, Q5002, and Q5009, are bundled services.
- All HCPCS codes designated as “Coordinated Care” and “Demonstration Project” or codes for CMS pilot projects are bundled services.
- Codes listed as bundled services on the Medicare Physician Fee Schedule (Status B) are bundled services.
- Codes with Status Indicator T on the Medicare Physician Fee Schedule (MPFS) are bundled into payable services on the same date. Status T codes not specifically listed on this policy may be reimbursed if they are the sole payable service billed by the provider on the date of service.
- Codes listed as “not valid for Medicare” on the Medicare Physician Fee Schedule (Status I) are bundled services if listed on this policy. Codes are identified with “%” on this policy if there is a Medicare preferred code that may be used instead of the code listed on this policy.

The following CPT/HCPCS codes are also considered bundled services and are not separately payable. Please refer to the legend located in the first row of table for an explanation of the symbols appended to some codes.

<p>* Exceptions to MPFS ** Contract exceptions may apply *** Procedure-Specific Policy exceptions may apply (See Coding Policy 04.0) # Facility only % Medicare preferred code may be used instead of this code</p>
A4550
G0101*
G0102*
G0269
G0372
G0444*
G0452#
G0501
G0506*
G0513*
G0514*
G0559* (Commercial lines of business only)
G2211* (Commercial lines of business only)
J2003
Q0091*
Q0092*
Q3031
R0076
S0285
S2900
0780T%
20930
20936
22841
34839
36416
38204
38225
38226
38227
44705%

76140
90863
90885
90887
90889
92325*
92352
92353
92354
92355
92358
92371
92531
92532
92533
92534
92583*
92605
92606
92618
93740
93770
94005
94150
94760*
94761*
95941
96902
97010
97602
98960
98961
98962
99000
99001
99002
99024
99050
99051
99053
99056
99058
99060
99070
99071
99072

99078
99080
99082*
99174***
99177***
99288
99360*
99374
99377
99379
99380
99415
99416
99452*
99459*
99485
99486

CROSS REFERENCES

- Coding Policy 04.0 (Procedure-Specific Policies)

REFERENCES

1. CMS/Medicare Rules and Regulations (cms.gov)
2. Provider Contracts
3. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 9/1991
2/2023	Removed codes 99339, 99340 (deleted codes). Removed codes 99358, 99359, 99417, and 99418 (addressed in Coding Policy 52.0).
1/2024	Annual review. Removed HCPCS code G2211. Added CPT code 99459.
9/2024	

10/2024	Effective for dates of service on or after 11/1/2024, HCPCS code G2211 is considered bundled for Commercial lines of business only. CPT codes 99487, 99489, and 99491 removed from policy retroactive to 1/1/2024.
1/2025	Annual review. Removed HCPCS code J2001 (deleted 9/31/24) and added HCPCS code J2003 which replaced J2001 effective 10/1/24. Added 2025 codes 38225-38227, status B on MPFS. Added 2025 code G0559 for Commercial lines of business only.
2/2025	Removed CPT codes 0537T, 0538T, and 0539T, which were deleted 12/31/2024.
8/2025	Status-T codes not identified by this policy are bundled if they are not the only services billed on the date of service.
1/2026	Annual review. Removed CPT codes 92921, 92925, 92929, 92934, 92938 and 92944, which were deleted 12/31/2025. Added cross references section. Minor formatting changes.