

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 13.0 Bundled or Adjunct Services	DEPARTMENT: Coding Compliance	
ORIGINAL EFFECTIVE DATE: 09/91	DATE(S) REVIEWED/REVISED: 9/91-1/16, 02/16, 01/17, 01/18, 02/18, 03/18, 5/18, 06/18, 08/18, 10/18, 01/19, 01/20, 3/20, 06/20, 08/20, 09/20, 01/21, 02/21	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 13.0	PAGE: 1 of 2

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”).

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY:

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.

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

PROCEDURE:

- 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.
- All codes billed with modifier GT or 95 are denied as bundled services. Company does not accept modifiers GT or 95. (Contract specific exceptions may apply.)
- Codes listed as bundled services on the Medicare Physician Fee Schedule.

The following CPT/HCPCS codes are also considered bundled services and are not separately payable:

A4550, G0101*, G0102*, G0269, G0372, G0444, G0452#, G0501, G0502, G0503, G0504, G0506, G0507, G0513*, G0514*, G2211, J2001, Q0091*, Q0092*, Q3031, R0076, S0285, S2900, 0537T, 0538T, 0539T, 15850, 20930, 20936, 22841, 34839, 36416, 38204, 76140*, 90863, 90885, 90887, 90889, 92325, 92352, 92353, 92354, 92355, 92358, 92371, 92531, 92532, 92533, 92534, 92559, 92583*, 92605, 92606, 92618, 92921, 92925, 92929, 92934, 92938, 92944, 93740, 93770, 94005,

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94150, 94760*, 94761*, 95941, 96902, 97010, , 97602, 98960, 98961, 98962, 98966**, 98967**,
98968**, 99000, 99001, 99002, 99024, 99050, 99051, 99053, 99056, 99058, 99060, 99070, 99071,
99072, 99078, 99080, 99082*, 99090, 99143*, 99144*, 99145*, 99174***, 99177***, 99288, 99339,
99340, 99354*, 99355*, 99356*, 99357*, 99358*, 99359*, 99360*, 99374, 99377, 99379, 99380,
99415, 99416, 99417, 99452*, 99485, 99486, 99487, 99489, 99491

- * Exceptions to MPFS
- ** Contract Exceptions May Apply
- *** Edit Review Exceptions May Apply
- # Facility only

REFERENCE:

CMS / Medicare Rules and Regulations
 Provider Contracts
 Providence Health Plan Clinical Coding Edits