

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

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 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:

A4550, G0101*, G0102*, G0269, G0372, G0444*, G0452#, G0501, , G0506, , G0513*, G0514*, G2211, J2001, Q0091*, Q0092*, Q3031, R0076, S0285, S2900, 0537T, 0538T, 0539T, %0780T, 15850, 20930, 20936, 22841, 34839, 36416, 38204, 44705, 76140, 90863, 90885, 90887, 90889, 92325*, 92352, 92353, 92354, 92355, 92358, 92371, 92531, 92532, 92533, 92534, , 92583*, 92605, 92606, 92618, 92921, 92925, 92929, 92934, 92938, 92944, 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*, 99485, 99486, 99487*, 99489*, 99491*

* 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

REFERENCES

1. CMS/Medicare Rules and Regulations
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, 99358, 99359, 99417, and 99418.