



Bundling (Status B, P, T) (2100)

Reimbursement Policy ID: RPC.0022.2100

Recent review date: 03/2024

Next review date: 09/2025

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 a CMS-1500 form or its electronic equivalent, and, when specified, billed on a UB-04 form or its electronic equivalent.

Policy Overview

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

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 same tax identification number (TIN) is considered the same provider.

AmeriHealth Caritas Louisiana aligns with Louisiana Department of Health (LDH) policy and CMS with regard to bundled payment criteria.

Exceptions

Any conflicting explicit state coverage provisions take precedence.

Reimbursement Guidelines

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

- “B” — Bundled Codes represent services that are always considered as incidental to other services rendered by the same provider on the same date of service. Payment is bundled to those other services.
- “P” — Bundled and Excluded Codes represent services that are considered as 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 as incidental to other services, represented by procedure codes with a CMS status indicator of “A” or “R,” for the same date of service by the same provider. Payment is bundled to those other services.

Refer to CPT/HCPS manuals for complete descriptions of procedures, CMS files for status payment indicators, and state billing resources for fee schedules and billing guidelines. Refer to Policy RPC.0026. National Correct Coding Initiative (NCCI).

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT®) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. The National Correct Coding Initiative (NCCI) in Medicaid.
- V. Applicable Louisiana Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0026.2100: National Correct Coding Initiative

Policy History

<u>09/2023</u>	<u>Reimbursement Policy Committee Approval</u>
<u>08/2023</u>	<u>Removal of Policy Implemented by AmeriHealth Caritas from Policy History section</u>
<u>01/2023</u>	<u>Template Revised</u> <ul style="list-style-type: none">• <u>Revised preamble</u>• <u>Removal of Applicable Claim Types table</u>

	<ul style="list-style-type: none">• <u>Coding section renamed to Reimbursement Guidelines</u>• <u>Added Associated Policies section</u>
	<u>Precedes Act 319</u>

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