Reimbursement Policy	
Title: Bundled Services	
Policy Number: RP-P-130X	**Application:** All Medica Members
Last Reviewed: 01/01/2024	**Effective Date:** 06/01/2007
Related Policies:	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica's policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica's monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers' administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:

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.

Policy Statement:

The Bundled Services policy is based on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File which contains status indicators for each code. Codes assigned a status indicator of B are always bundled into payment for other services not specified.

For Medicare products, the Medica Bundled Services policy is consistent with the CMS status B indicator assignment code list; codes are not eligible for separate reimbursement and will deny as provider liability.

For Commercial and Medicaid products, 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. However, separate reimbursement is not allowed for the services defined on the Commercial and Medicaid Bundled Services Code Lists.

Note: To align with DHS, beginning with dates of service 1/1/2022, Medica will no longer reimburse CPT code 99140 for Medica MHCP plans.

Code Lists:
Medica Commercial Bundled Services Code List Medica Medicare Bundled Services Code List Medica Medicaid Bundled Services Code List

Definitions:
Status Indicator B – Bundled Services. Payment for covered services is 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).

Q & A:
Q: Will Medica reimburse a Status B code if it is billed with modifier 59? **A:** No, modifiers will not override the denial of Status B codes.

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	06/01/2007

Revision Updates:	
01/01/2024	Code List Update
12/08/2022	Annual Policy Review
01/13/2022	Template Update
12/23/2021	Added MHCP Note
09/20/2021	Annual Policy Review