Professional Pricing Policy

Subject: **Bundled Services and Supplies**	
Policy Number: HLCP-0001	Policy Section: **Coding**
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink considers certain services and supplies to be ineligible for separate allowance when reported by a professional provider. These services and/or supplies may be reported with a primary service or as a stand-alone service. This policy is divided into 3 sections:

Policy Section 1: Services and Supplies not separately allowed

Section 1 provides a list and description of Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS Level II) codes for those services and supplies not allowed when reported with another service or reported as a stand-alone service.

In most cases, services rendered without direct (face-to-face) patient contact are considered an integral component of the overall medical management service and are not separately allowed. In addition, modifiers will not override the denial for the always bundled services and/or supplies listed in the embedded document.

Policy Section 2: Procedures, Services and Supplies not separately allowed when reported with another specific procedure, service or supply

Section 2 provides a description and the code pair relationship for procedures not separately allowed when performed with another specific service or supply listed in the embedded document. Modifiers will not override the denial when reported with a specified service or supply.

Policy Section 3: Services not separately allowed when reported with any other procedure, service, or supply

Section 3 provides the code and description for services separately allowed when reported as a stand-alone service but not allowed separately when performed with any other procedure, service or supply. Modifier 59, XE, XP, XS or XU will not override the denial for the services when reported with any other procedure, service or supply.

Related Coding

Description	Coding Grids
Bundled Services Section 1 coding	Services and Supplies not eligible for separate allowance
Bundled Services Section 2 code	Procedures, Services and Supplies not eligible for separate allowance when reported with another specific procedure, service or supply
Bundled Services Section 3 coding	Services not eligible for separate allowance when reported with any other procedure, service, or supply

Exemptions

Definitions

Bundled Services	Services not eligible for separate allowance and considered to be part of another service.
General Professional Pricing Policy Definitions	

Related Policies and Materials

Evaluation and Management Services and Related Modifiers 25 & 57
Modifier 59 and XE, XP, XS and XU (Distinct Procedural/Separate/Unusual Service)
Screening Services with Evaluation and Management Services

References and Research Materials

This policy has been developed through consideration of the following

- CMS
- Healthcare Common Procedural Coding System (HCPCS Level II)
- American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.