

n05707

**Status Code B – Bundle B Policy**

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**Values**Accountability • Integrity • Service Excellence • Innovation • Collaboration

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**Abstract Purpose:**

This guideline outlines Network Health’s reimbursement policy for all lines of business, when professional claims are submitted with a CPT or HCPC Code with a Status Code of B.

**Policy Detail:**

In accordance with the Centers for Medicare and Medicaid Services (CMS), when a claim is submitted with a CPT or HCPC code that carries a Status Code of B per the current year CMS PFS Relative Value File, the service will be denied with CARC Code 97 “*The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated*”.

**Definitions:**

**CARC** – Claim Adjustment Reason Code

**PFS** – Physician Fee Schedule

**Status code B** – Payment for covered services are always bundled into payment for other services not specified. There will be no RVU’s or payment amounts for these codes and no separate payment is ever made. When these services are not covered, payment for them is subsumed by the payment for the services to which they are incident.

**Regulatory Citations:**

Current Year CMS PFS Relative Value File

**Effective Date: 1/4/2022**

**Renewal Date: 1/4/2023**