Payment Policy: Status "P" Bundled Services

Reference Number: CC.PP.049
Product Types: ALL
Effective Date: 03/15/2017
Last Review Date: 07/10/2018

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
The Centers for Medicare and Medicaid Services (CMS) classifies certain procedure codes as always bundled when billed on the same claim or a historical claim containing another procedure code or codes to which the bundled code shares an incidental relationship.

The purpose of this policy is to define payment criteria for covered services designated by CMS as always bundled to another physician's procedure or service to be used in making payment decisions and administering benefits.

Application
1. Physician and Non-physician Practitioner Services
2. Outpatient Institutional Claims

Policy Description
If an item or service is considered ***incidental to a physician's service*** and is provided on the same day as a physician's service; the payment is bundled into the payment for the physician's service to which it is incidental. The CMS National Physician Fee Schedule Relative Value File (RVU) designates these incidental procedures with a status indicator of "P." If the procedure code is listed with a status indicator of "P," then payment for the procedure code (if covered by the Health Plan) is always subsumed by the payment for other physician's services to which they are incidental and which are not designated as a status "P" procedure or service.

Status "P" procedures are primarily categorized as supply codes.

Reimbursement
1. The Health Plan's code editing software will evaluate the current claim and historical claim lines that are billed with procedure codes designated as status "P" and compare to other procedures billed on the claims.
2. This rule reviews claims for same member, same provider ID and same date of service.
3. If another procedure(s) is found that is ***not*** indicated as a status "P" code, the service line with the status "P" code is denied.
4. Payment for the status "P" code is considered subsumed by the payment for the other services without the status "P" designation.
5. Procedure codes designated as status "P" will always pay when billed alone.
6. Procedure codes designated as status "P" will always pay when billed with another procedure code that also bears the status "P" designation.

Documentation Requirements
Not applicable

Coding and Modifier Information
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2017, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2017 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
A4211	Supplies for self-administered injections
A4212	Non coring needle or stylet
A4220	Infusion pump refill kit
A4253	Blood glucose/reagent strips
A4256	Calibrator solution/chips
A4258	Lancet device each
A4259	Lancets per box
A4265	Paraffin
A4301	Implantable access syst perc
A4305	Drug delivery system >=50 ml
A4306	Drug delivery system <=50 ml
A4310	Insert tray w/o bag/catheter
A4311	Catheter w/o bag 2-way latex
A4312	Catheter w/o bag 2-way silicone
A4313	Catheter w/bag 3-way
A4314	Catheter w/drainage 2-way latex
A4315	Catheter w/drainage 2-way silicone
A4316	Catheter w/drainage 3-way
A4320	Irrigation tray
A4322	Irrigation syringe
A4326	Male external catheter
A4327	Fem urinary collect dev cup
A4328	Fem urinary collect pouch
A4330	Stool collection pouch
A4335	Incontinence supply
A4338	Indwelling catheter latex
A4340	Indwelling catheter special
A4344	Catheter indw foley 2 way silicone
A4346	Catheter indw foley 3 way
A4351	Straight tip urine catheter

A4352	Coude tip urinary catheter
A4354	Catheter insertion tray w/bag
A4355	Bladder irrigation tubing
A4356	Ext ureth clmp or compr dvc
A4357	Bedside drainage bag
A4358	Urinary leg or abdomen bag
A4361	Ostomy face plate
A4362	Solid skin barrier
A4364	Adhesive, liquid or equal
A4367	Ostomy belt
A4397	Irrigation supply sleeve
A4398	Ostomy irrigation bag
A4399	Ostomy irrig cone/catheter w brs
A4400	Ostomy irrigation set
A4402	Lubricant per ounce
A4404	Ostomy ring each
A4455	Adhesive remover per ounce
A4465	Non-elastic extremity binder
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4556	Electrodes, pair
A4557	Lead wires, pair
A4558	Conductive gel or paste
A4649	Surgical supplies
A5051	Pouch clsd w barr attached
A5052	Clsd ostomy pouch w/o barr
A5053	Clsd ostomy pouch faceplate
A5054	Clsd ostomy pouch w/flange
A5055	Stoma cap
A5061	Pouch drainable w barrier at
A5062	Drnble ostomy pouch w/o barr
A5063	Drain ostomy pouch w/flange
A5071	Urinary pouch w/barrier
A5072	Urinary pouch w/o barrier
A5073	Urinary pouch on barr w/flng
A5081	Stoma plug or seal, any type
A5082	Continent stoma catheter
A5093	Ostomy accessory convex inse
A5102	Bedside drain btl w/wo tube
A5105	Urinary suspensory
A5112	Urinary leg bag
A5113	Latex leg strap
A5114	Foam/fabric leg strap

A5121	Solid skin barrier 6x6
A5122	Solid skin barrier 8x8
A5126	Disk/foam pad +or- adhesive
A5131	Appliance cleaner
A6154	Wound pouch each
A6196	Alginate dressing <=16 sq in
A6197	Alginate drsg >16 <=48 sq in
A6198	Alginate dressing > 48 sq in
A6199	Alginate drsg wound filler
A6203	Composite drsg <= 16 sq in
A6204	Composite drsg >16<=48 sq in
A6205	Composite drsg > 48 sq in
A6206	Contact layer <= 16 sq in
A6207	Contact layer >16<= 48 sq in
A6208	Contact layer > 48 sq in
A6209	Foam drsg <=16 sq in w/o bdr
A6210	Foam drg >16<=48 sq in w/o b
A6211	Foam drg > 48 sq in w/o brdr
A6212	Foam drg <=16 sq in w/border
A6213	Foam drg >16<=48 sq in w/bdr
A6214	Foam drg > 48 sq in w/border
A6215	Foam dressing wound filler
A6216	Non-sterile gauze<=16 sq in
A6217	Non-sterile gauze>16<=48 sq
A6218	Non-sterile gauze > 48 sq in
A6219	Gauze <= 16 sq in w/border
A6220	Gauze >16 <=48 sq in w/bordr
A6221	Gauze > 48 sq in w/border
A6222	Gauze <=16 in no w/sal w/o b
A6223	Gauze >16<=48 no w/sal w/o b
A6224	Gauze > 48 in no w/sal w/o b
A6228	Gauze <= 16 sq in water/sal
A6229	Gauze >16<=48 sq in watr/sal
A6230	Gauze > 48 sq in water/salne
A6234	Hydrocolld drg <=16 w/o bdr
A6235	Hydrocolld drg >16<=48 w/o b
A6236	Hydrocolld drg > 48 in w/o b
A6237	Hydrocolld drg <=16 in w/bdr
A6238	Hydrocolld drg >16<=48 w/bdr
A6239	Hydrocolld drg > 48 in w/bdr
A6240	Hydrocolld drg filler paste
A6241	Hydrocolloid drg filler dry
A6242	Hydrogel drg <=16 in w/o bdr

A6243	Hydrogel drg >16<=48 w/o bdr
A6244	Hydrogel drg >48 in w/o bdr
A6245	Hydrogel drg <= 16 in w/bdr
A6246	Hydrogel drg >16<=48 in w/b
A6247	Hydrogel drg > 48 sq in w/b
A6248	Hydrogel drsg gel filler
A6250	Skin seal protect moisturizr
A6251	Absorpt drg <=16 sq in w/o b
A6252	Absorpt drg >16 <=48 w/o bdr
A6253	Absorpt drg > 48 sq in w/o b
A6254	Absorpt drg <=16 sq in w/bdr
A6255	Absorpt drg >16<=48 in w/bdr
A6256	Absorpt drg > 48 sq in w/bdr
A6257	Transparent film <= 16 sq in
A6258	Transparent film >16<=48 in
A6259	Transparent film > 48 sq in
A6260	Wound cleanser any type/size
A6261	Wound filler gel/paste /oz
A6262	Wound filler dry form / gram
A6266	Impreg gauze no h20/sal/yard
A6402	Sterile gauze <= 16 sq in
A6403	Sterile gauze>16 <= 48 sq in
A6404	Sterile gauze > 48 sq in
V2520	Contact lens hydrophilic

Modifier	Descriptor
NA	NA

ICD-10 Codes	Descriptor
NA	Not applicable

Definitions

Incidental Procedure
An incidental procedure is one that is carried out at the same time as a more complex primary procedure. These procedures require minimal additional provider resources and are considered not necessary to the performance of the primary procedure.

Bundled Service
Procedure codes designated by the CMS National Physician Fee Schedule Relative Value File with a status indicator of "P." CMS defines these codes as "Payment for covered services is always bundled into payment for other services not specified."

Additional Information
Not applicable.

Related Documents or Resources
https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files.html

References
1. *Centers for Medicare and Medicaid Services (CMS. National Physician Fee Schedule Relative Value File). https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files.html*

Revision History	
11/23/2016	Initial Policy Draft Created
04/27/2017	Change the Effective Date to 03/15/2017
07/10/2018	Conducted annual review

Important Reminder
For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to

recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.