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**PAYMENT POLICY ID NUMBER:** 10-004

**Original Effective Date:** 12/22/2009

**Revised:** 03/13/2025

## **B-Status Codes**

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### **DESCRIPTION:**

Centers for Medicare & Medicaid Services (CMS) assigns a status of "B" (Bundled Code) to certain procedures on the Medicare Physician Fee Schedule (MPFS), which is defined as, "Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amount for these codes and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident."

This policy applies to billing for services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

### **REIMBURSEMENT INFORMATION:**

Florida Blue will not separately reimburse Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes identified by CMS' MPFS Relative Value File with a designated status of "B", indicating a bundled procedure. Codes with the status of "B" on the MPFS are considered bundled with all other procedure codes.

Florida Blue will exempt certain "B" status codes from this policy. Codes that are not subject to the "B" status indicator are listed below:

- 99050 and 99051
- For dates of service March 17, 2020, to May 12, 2023, codes 99000 and 99001 when obtained for Covid-19 sample and no other service is performed.

In addition, modifier 59, XE, XS, XP, or XU cannot be used to override “B” status code edits. If a “B” status code is submitted with modifier 59, XE, XS, XP, or XU, the claim line will still be denied.

## REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition.
2. A list of bundled codes can be found with the Physician Fee Schedule Relative Value File at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

## GUIDELINE UPDATE INFORMATION:

12/22/2009	Policy approved
08/02/2010	Policy revised to remove CPT codes 99000 and 99058 from exempt list.
04/13/2012	Policy revised to replace Blue Cross Blue Shield Florida with Florida Blue
11/01/2015	Policy revised to remove CPT codes 20930 & 20936 from exempt list.
11/01/2016	Annual Review
11/09/2017	Annual Review
11/08/2018	Annual Review, minor verbiage changes & addition of modifiers under Reimbursement Information
11/14/2019	Annual Review
11/12/2020	Annual Review-Added 99000 and 99001 as Exempt B status codes during the PHE
11/11/2021	Annual Review – No changes
11/10/2022	Annual Review – References reviewed and updated
07/13/2023	Review – Added for dates of service prior to May 12, 2023, for CPT codes 99000 and 99001 to reflect the end of coverage for the Public Health Emergency.
11/09/2023	Annual Review – References reviewed and updated.
11/14/2024	Annual Review – Added coverage date range for CPT® codes 99000 and 99001. Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. References reviewed and updated.
03/13/2025	Annual Review – References reviewed and updated.

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