



CLAIMS PROCESSING CONNECTION

Informing and Educating Participating Providers

Physician Bundled Services

Status "B" Codes

All Product Lines



Medicare applies status indicators to every code so that reimbursement can be determined based on the status code attached.

Medicare's Definition of Status B Codes

- Certain services are always considered part of a primary service.
- Payment for covered services is always bundled into payment for other services not specified.
- No payment amount is usually assigned to these codes and no separate payment is ever made following CMS guidelines.

Paramount and Status B Codes

- Paramount follows the Medicare guideline of not holding members responsible for these services.
- The following DENIAL codes will be used by Paramount in relation to Status B codes:
 - **14** SERVICE BUNDLED PER CMS STATUS INDICATOR, NO PATIENT LIABILITY (*HMO and PPO*)
 - **GB** NOT A COVERED SERVICE, NO PATIENT LIABILITY (*Advantage*)
- These services/products are **never to be** submitted for Adjustment or Medical Documentation Review, this is an "industry standard" denial.

Exceptions

- Some services/products denied by Medicare may be allowed by the Advantage product line. However, even though these may be paid services/products according to the Paramount Advantage fee schedule, these services/products may still edit through bundling software and receive a different denial.
- Procedures 99100-99140, 98960-98962, and 99371 are exceptions to the Status B indicator services by Paramount and are allowed for all product lines.
- A complete list of Status B codes according to Medicare can be found at:
<http://www.palmettogba.com/palmetto/providers.nsf/44197232fa85168985257196006939dd/f57ac4cb06ec8e1585257258006a3755?OpenDocument>

AUDIENCE : All Physicians

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