

Reimbursement Policy

Title: Status B Bundled Codes	
Policy Number: RP10	Applies to: <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Level Funded <input checked="" type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare Select <input checked="" type="checkbox"/> Medicare Supplement
Effective Date: *	
Last Updated: *	

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of 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. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

CMS: Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

CPT: Current Procedural Terminology. It is a set of medical codes used by physicians, allied health professionals, nonphysician practitioners, hospitals, outpatient facilities, and laboratories to describe the procedures and services they perform.

HCPCS: Healthcare Common Procedure Coding System. It is a standardized coding system that Medicare and other health insurance programs use to identify services and procedures provided by medical professionals.

NPFS: National Physician Fee Schedule. It is a list of fees used by Medicare to pay providers for healthcare services, items and supplies. The NPFS is updated annually and contains the relative value units (RVUs) and payment amounts for each CPT code.

RVU: Relative Value Units. It is a measure of value used in the Medicare reimbursement formula for physician services. The RVU is a measure of the relative resources required to provide a service, including physician work, practice expense, and malpractice expenses.

Policy

All codes published on the NPFS Relative Value File are assigned a status code. The status code indicates whether the code is a separately payable covered service. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code "B":

Consistent with CMS, Quartz will not separately reimburse for specific Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes assigned a status code "B" on the NPFS Relative Value File indicating a bundled procedure. Status B Bundle Codes are never reimbursed regardless of whether they are billed alone or in conjunction with other services. If these services are covered benefits, payment is subsumed in the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient).

Related Policies

Resources

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

Date	Event	Department
4/22/2026	Document created	Payment Integrity Department