

# PreferredOne

DEPARTMENT:	Pricing and Payment	APPROVED DATE:	5/1/2018
POLICY DESCRIPTION:	RVU Status Indicators for Professional Services		
EFFECTIVE DATE:	8/13/2018		
PAGE:	1 of 1	REPLACES POLICY DATED:	4/1/2010, 1/1/2010
REFERENCE NUMBER:	007	RETIRED DATE:	

**SCOPE:** Network Management, Customer Service Department for PreferredOne, PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc, Medical Management, Claim Department for PreferredOne Community Health Plan, PreferredOne Administrative Services, PPO claims, Model Office, and PreferredOne Participating Providers

**PURPOSE:** Identify services that are not separately payable as defined by Centers of Medicare and Medicaid (CMS)

**DEFINITIONS:** Per CMS, Status Code of B = Bundled Code. Payment for covered services are always bundled into payment for other services not specified. (An example is a telephone call from a hospital nurse regarding care of a patient).

**POLICY:** PreferredOne will not allow separate payment for codes that are assigned the RVU Status "B" as published in the Federal Register for Physician Services.

**PROCEDURE:**

1. This policy applies to both facility UB and professional 837P or CMS-1500 claim forms.
2. Any code with a status code of B that has an RVU value assigned or PreferredOne deems to be an exception, will be exempt from the policy.
3. If this policy conflicts with any language in the Summary Plan Description (SPD) or Certificate of Coverage (COC), the SPD/COC will supersede this policy
4. The list of codes will be updated periodically as updates for the status of codes are listed in the Federal Register.

**REFERENCES:**