Policy: Status B Codes

Purpose
The purpose of this Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including, but not limited to, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (CCI) Policy Manual, CCI table edits, and other CMS guidelines).

When processing claims for contracted and non-contracted providers, WPS/Arise/Aspirus Arise follow industry standards relating to standard billing modifiers and coding practices. To the extent there are any conflicts between Reimbursement Policy/Provider Program and the provider contract language, the Provider Program will prevail.

Overview
This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. This policy applies to all Commercial Lines of Business and all network and non-network physicians and other qualified health care professionals.

Reimbursement Guidelines
WPS/Arise/Aspirus Arise Commercial Lines of Business define “incident to” services as those services furnished as an integral, although incidental, part of the physician's personal professional service in the course of diagnosis or treatment of a condition, consistent with CMS. Status B codes are listed in the Status Code Column with a “B” in The National Physician Fee Schedule and are not reimbursable.

- See our Venipuncture Code 36415 reimbursement policy for collection of venous blood by venipuncture.