

Commercial Reimbursement Policy	
Subject: Bundled Services and Supplies – Facility	
Policy Number: C-23001	Policy Section: Facilities
Last Approval Date: 01/14/2026	Effective Date: 06/01/2026

Policy

The health plan considers certain services and supplies to be ineligible for separate reimbursement when reported for inpatient and outpatient facilities, unless provider, state, federal contract and/or requirements indicate otherwise.

Services considered integral to the primary service, or included in the facility fee, will not be allowed for separate reimbursement when billed by a facility provider. The categories below are including, but not limited to the following:

- Blood products: splitting, pooling, and thawing
- DME; including set-up, delivery, and accessories
- Facility personnel services
- Feeding kits and supplies
- Flushes and diluents
- Nursing services
- Pharmacy services
- Pulse oximetry
- Radiation guidance: ultrasonic, fluoroscopic, CT, and MRI
- Routine supplies and equipment
- Travel related vaccinations and administration services

The health plan will not allow separate reimbursement when billed on the same date of service as a room or facility fee, or a procedure other than the administration service by a facility provider for the following categories:

- Blood Product administration
- Chemotherapy administration
- Infusion Drug administration
- Insertion of bladder catheters
- Routine ECG; professional and technical component and supplies

The Related Coding section lists and describes the CPT® and HCPCS Level II codes that are considered always bundled and not eligible for reimbursement when they are reported as a stand-alone service, or with another service. No modifiers will override the denial for the always bundled services and/or supplies listed.

Related Coding

Code	Description	Comments
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)	Not eligible for reimbursement
76014-76019	MR safety implant and/or foreign body assessment, medical physics examination, or implant electronics preparation and positioning by trained clinical staff, physician or other qualified health care professional	Not eligible for reimbursement
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Not eligible for reimbursement
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Not eligible for reimbursement
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Not eligible for reimbursement
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Not eligible for reimbursement
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	Not eligible for reimbursement
96521	Refilling and maintenance of portable pump	Not eligible for reimbursement
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Not eligible for reimbursement
96523	Irrigation of implanted venous access device for drug delivery systems	Not eligible for reimbursement
97010	Application of a modality to 1 or more areas; hot or cold packs	Not eligible for reimbursement
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other	Not eligible for reimbursement

	services rendered (list drugs, trays, supplies, or materials provided)	
99190-99192	Assembly and operation of pump with oxygenator or heat exchanger	Not eligible for reimbursement
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Not eligible for reimbursement
C1762	Connective tissue, human (includes fascia lata)	Not eligible for reimbursement
C1763	Connective tissue, nonhuman (includes synthetic)	Not eligible for reimbursement
C1781	Mesh (implantable)	Not eligible for reimbursement
C1889	Implantable/insertable device, not otherwise classified	Not eligible for reimbursement
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Not eligible for reimbursement
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition.	Not eligible for reimbursement
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	Not eligible for reimbursement
L8699	Prosthetic implant, not otherwise specified	Not eligible for reimbursement
T1040	Medicaid certified community behavioral health clinic services, per diem	Not eligible for reimbursement

Definitions

Bundled Services	Services that are not eligible for separate reimbursement and considered to be part of another service.
General Reimbursement Policy Definitions	

Related Policies and Materials

- Code and Clinical Editing – Professional and Facility
- Modifier Usage - Facility

References and Research Materials

- This policy has been developed through consideration of the following:
- CMS
 - Optum EncoderPro 2025

Policy History

01/14/2026	<p>Review approved 01/14/2026 and effective 06/01/2026</p> <ul style="list-style-type: none"> • Added category that will not be allowed for separate reimbursement when billed by a facility provider: <ul style="list-style-type: none"> ○ Radiology guidance; ultrasonic, fluoroscopic, CT, and MRI ○ Travel related vaccinations and administration services • Added category not allowed for separate reimbursement for facility providers on the same date of service with a room or facility fee <ul style="list-style-type: none"> ○ Insertion of bladder catheters • Added codes 76979, 76983, 77293, 77387 to Related Coding section
11/17/2025	<p>Review approved 11/17/2025 and effective 04/01/2026:</p> <ul style="list-style-type: none"> • Added categories not allowed for separate reimbursement for facility providers on the same date of service with a room or facility fee <ul style="list-style-type: none"> ○ Routine ECG; professional and technical component and supplies • Added codes 76014-76019 96521-96523, 99190-99192, C1734, C1762, C1763, C1781, C1889, and L8699 to Related Coding section
09/24/2025	<p>Review approved 09/24/2025 and effective 04/01/2026: added Blood products; splitting, pooling, and thawing and Blood Product administration language</p>
06/12/2024	<p>Review approved 06/12/2024 and effective 11/01/2024:</p> <ul style="list-style-type: none"> • Added categories that will not be allowed for separate reimbursement when billed by a facility provider: <ul style="list-style-type: none"> ○ DME, set-up, delivery, and accessories ○ Facility personnel services ○ Feeding kits and supplies ○ Flushes and diluents ○ Nursing services ○ Pharmacy services ○ Pulse oximetry ○ Routine supplies and equipment • Added categories not allowed for separate reimbursement for facility providers on the same date of service with a room or facility fee

	<ul style="list-style-type: none"> ○ Chemotherapy administration ○ Infusion Drug administration ● Related Coding section: <ul style="list-style-type: none"> ○ Added code G2211 <p>Deleted codes 94760-94762, A4206-A4262, A4265-A9300, A9900-A9901, A9999</p>
03/22/2023	Initial approval 03/22/2023 and effective 08/01/2023

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including 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 medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.



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