

Bundled Services and Supplies

Procedures, Services and Supplies not eligible for separate reimbursement when reported with another specific procedure, service or supply. This table is provided as an informational tool only to help identify some examples of the services and supplies. Procedures, Services and Supplies not eligible for separate reimbursement when reported with another specific procedure, service or supply. The exclusion of a specific code does not indicate eligibility for reimbursement under all circumstances.

Description
Annual wellness or initial preventive visits (G0438, G0439 or G0402) when reported with preventive medicine evaluation and management services (99381-99397)
Arthroscopic debridement (29822) when reported with same joint arthroscopic surgery of the shoulder (29819, 29820, 29824, 29825 and 29827); (29823) when reported with (29806, 29807, 29819, 29820, 29821 and 29825) Arthroscopic debridement (29837 and 29838) when reported with same joint arthroscopic surgery of the elbow (29834, 29835 and 29836)
Arthrodesis, posterior or posterolateral technique, single level, each additional, (22614) when reported with arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar (22633)
Breast pump replacement supplies (A4281, A4282, A4283, A4284 and A4285) when reported on the same date of service as the breast pump (E0602, E0603 and E0604)
Cast supplies, special casting materials, and/or impression casting of a foot reported by a practitioner other than the manufacturer of the orthotic (A4580, A4590 and/or S0395) reported with custom foot orthotics (L3000, L3010, L3020 and/or L3030)
Cervical or vaginal cytopathology (88141-88155, 88164-88167 and 88174-88175) when reported with a preventive/annual or problem oriented E/M service (99381-99397, 99202-99215, G0101, G0402, G0438, G0439, S0610 and S0612)
Column chromatography, includes mass spectrometry, if performed, non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen (82542) when reported with drug screening, confirmatory drug testing, or breath hydrogen or methane test (80305-80307, 80320-80377, 83992, G0480-G0483, G0659 or 91065)
Computed tomography guidance for placement of radiation therapy fields (77014) when reported with therapeutic radiology simulation-aided field setting procedures (77280, 77285, and/or 77290)
Continuous intraoperative neurophysiology monitoring in the O/R, one on one, each 15 minutes (95940) reported with continuous intraoperative neurophysiology monitoring, outside the O/R or more than one case, per hour (95941)
Daily hospital management of epidural or subarachnoid continuous drug administration for postoperative pain management (01996) reported with a therapeutic or diagnostic spinal injection described as without or with imaging (62320, 62321, 62322, 62323, 62324, 62325, 62326, and 62327)

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Diagnostic esophagogastroduodenoscopy (EGD) (43235) when reported with laparoscopy, surgical, gastric restrictive procedures (43770, 43771, 43772, 43773, 43774 and/or 43775)
Digital analysis of electroencephalogram (EEG) (95957) when separately reported with EEG recording and interpretation services (95954, 95700, 95705-95726) on the same date of service
Digital analysis of electroencephalogram (EEG) (95957) when separately reported on subsequent dates of service of EEG recording and interpretation services (95950, 95954, 95955, 95700, 95705-95726)
Electrical stimulator supplies (A4595) when reported with electric stimulation modalities (97014 and 97032)
Electriodes (A4556) and/or services such as electrocardiogram (ECG) (93000), when reported with electroencephalogram (EEG) (95812), stress test (93015), sleep study (95805), electric stimulation modalities (97014, 97032, 97033), acupuncture (97813, 97814)
Electrodes (A4556) and/or lead wires (A4557) when reported with electrical stimulator supplies (A4595) on the same date of service and/or within 30 days
Electrodes (A4556) reported with conductive gel or paste (A4558)
Fluoroscopic guidance for needle placement (77002) when reported with spinal injection described as with imaging (62320, 62321, 62323, 62325 and 62327)
Home infusion therapy professional pharmacy services, drug administration, equipment, and/or supplies (A4221, A4222, E0776, E0781 and S910) when reported with any per diem home infusion therapy (HIT) service (S5497-S5502, S9061, S9325-S9379, S9490S9504, S9537-S9590) (e.g., catheter care/maintenance)
Imaging guidance (fluoroscopic, CT, or MRI) (76942, 77002, 77003, 77012, 77021) when reported with a therapeutic or diagnostic spinal injection described as without imaging (62320, 62322, 62324, and 62326)
Interpretation and report only of an EKG (93010, 93042) when reported with an E/M service (99202-99215, 99221-99233, 99281-99285)
Interpretation and report only of cardiovascular stress test (93018) when reported with an emergency room (ER) service (99281-99285)

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Interpretation of radiology tests (70030-70160, 70190-70330, 70336-70380, 7045070492, 70496-70498, 70540-70549, 70551-70554, 70557-70559, 71045-72220, 73000-73030, 73050-73080, 73090-73110, 73120-73523, 73551-73565, 73590-73610, 7362074185, 74210-74230, 74240-74290, 74400-74420, 74710-74713, 74775-75574, 75635, 75898, 76010, 76098-76140, 76376-76391, 76506-76536, 76641-76442, 76800-76814, 76816-76883, 76886, 76978-76983, 77046-77049, 77061-77067, 77072-77092, 78012-78075, 78102-78195, 78201-78291, 78300-78351, 78414-78496, 78579-78598, 78600-78660, 78700-78761, 78800-78804, 78808-78816, 78830-78835, G0106, G0120, G0122, G0130, G0219, G0235, G0252, G0278-G0279, G0288, S8035-S8042, S8080-S8092 and S9024) inpatient E/M service (99221-99233)
Introduction of needle or intracatheter, vein, (36000) when reported with injection and infusion services (96360, 96365, 96374, 96375, 96376, 96405, 96406, 96409, 96413, 96416, 96440, 96446, 96450, and/or 96542)
Laminectomy, facetectomy and foraminotomy, each additional segment, (63048) when reported with arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar (22630, 22633)
Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed without implantation of mesh (43281); with implantation of mesh (43282), Laparoscopy, surgical, esophageal lengthening procedure (43283), repair paraesophageal hiatal hernia, via laparotomy, except neonatal; without implantation of mesh or other prosthesis (43332) and with implantation of mesh or other prosthesis (43333) when reported with bariatric procedure codes (43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887 and 43888)
Major arthroscopy knee surgery for infection, lavage and drainage (29871) when reported with arthroscopic knee synovectomy (two or more compartments) (29876)
Major arthroscopic knee synovectomy (two or more compartments) (29876) when reported with arthroscopic knee surgeries (29880-29883) without an approved American Academy of Orthopedic Surgeons diagnosis
Manipulation, hip joint, requiring general anesthesia (27275) when reported with injection procedure for hip arthrography; with or without anesthesia (27093 and 27095)
Needles (A4215) when reported with acupuncture services (97810-97814)

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Neuromuscular junction testing (95937) when reported with continuous intraoperative neurophysiology monitoring (95940, 95941 or G0453)
Nonvascular extremity ultrasound (76882) when reported with ultrasonic guidance for needle placement (76942)
Obtaining, preparing, and conveyance of cervical or vaginal PAP smear (Q0091) when reported with a preventive/annual (99381-99397, G0101, S0610-S0613) or problem oriented E/M service (99202-99215)
Open capsulectomy (19371) when reported with delayed insertion of breast prosthesis (19342) preventive medicine counseling (99401-99404 and 99411-99412) when reported with a routine comprehensive preventive medical examination (99381-99397)
Pharyngoplasty (plastic or reconstructive operation or pharynx) (42950) when reported with free skin flap with microvascular anastomosis (15757)
Radiological supervision and interpretation of transcatheter therapy (75894) when reported with injection of sclerosing solution (36471)
Regional or local anesthesia (J2001, J3490) when administered in place of service 19-off campus-outpatient hospital, 21-inpatient hospital, 22-on campus-outpatient hospital, 23-emergency room-hospital, 24-ambulatory surgical center, 25-birthing center, 31-skilled nursing facility, 32-nursing facility, 33-custodial care facility, 51-inpatient psychiatric facility, 52-psychiatric facility-partial hospitalization, 61-comprehensive inpatient rehabilitation facility, 62-comprehensive outpatient rehabilitation facility or 65-end stage renal disease treatment facility
Regional or local anesthesia (injection of lidocaine) (J2001) when reported with injection, aspiration and needle and catheter placement (20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 27096, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495)
Removal of impacted cerumen (69209, 69210 or G0268) when reported with audiologic function testing (92550-92558, 92561-92588, 92596)
Removal of impacted cerumen by irrigation/lavage or by instrumentation (69209 and/or 69210) when reported with evaluation and management services (99202-99205, 99211-99215, 99221-99223, 99224-99226, 99231-99236, 99238, 99239-, 99281-99285, 99288, 99291, 99292, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99339-99345, 99347-99350, 99354-99360, 99366-99368, 99374, 99375, 99377, 99378, 99379, 99380, 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411, 99412, , 99441, 99446-99449, 99450, 99455, 99456, 99460-99469, 99471, 99472, 99475-99480, 99485-99487, 99489, 99490, 99495, 99496, G0466-G0470)

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Replacement soft interface material, dynamic adjustable extension/flexion device (E1820) when reported with continuous passive motion exercise device for use on knee only (E0935 and continuous passive motion exercise device for use other than knee (E0936)
Syringes and infusion supplies (A4206, A4207, A4208, A4209, A4212, A4213, A4215, A4216, A4217, A4221, A4222, A4223, A4244, A4245, A4246, A4247, A4248, A4247, A4248, A4550, A4649, A4657, and A4930) when reported with home infusion/specialty drug administration (99601 and/or 99602)
Telehealth originating site facility fee (Q3014) when reported with an E&M code in place of service 11
Therapeutic behavioral services, <u>per 15 minutes</u> (H2019) when reported with therapeutic behavioral services, <u>per diem</u> (H2020)
Tissue marker (A4648) when reported with breast biopsy with placement of breast localization device(s) and/or percutaneous placement of breast localization device(s) (19081-19101 and/or 19281-19288)
Ultrasonic guidance for needle placement (76942) when reported with ultrasound, complete joint (76881)
Ultrasonic guidance (76942) when reported with tendon, ligament, aponeurosis (i.e. fascia) or trigger point injections (20550, 20551, 20552, and 20553)
Urine creatinine or urine pH (82570 and/or 83986) when reported with presumptive and/or definitive drug testing codes to validate accuracy of test results (80305-80307, 80320-80377, 83992, G0480-G0483 or G0659)
Urine test or reagent strips or tablets (A4250) when reported with urinalysis (8100081003)
Vertebral corpectomies (63081-63082, 63085-63088) when reported with spinal arthrodesis codes (22551, 22552, 22554, 22558 or 22585), vertebral corpectomies codes (63090 or 63091) when reported with spinal arthrodesis codes (22558, 22585, 22612, 22614, 22633 or 22634) unless limited circumstances are met, such as spinal fracture, spinal infection, or spinal tumor