

STATUS CODES

File Name: Status_codes

Origination: 4/2021

Last Review: 12/2022

Next Review: 12/2023

Description

All codes published on the National Physician Fee Schedule (NPFS) by the Centers for Medicare and Medicaid Services (CMS) are assigned a status code. The status code indicates whether the code is separately payable if the service is covered.

Same group practice is defined as a physician and/or other qualified health care professional of the same group and same specialty with the same Federal Tax ID number.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse status indicator codes according to the criteria outlined in this policy.

Reimbursement Guidelines

Status “B” codes

Payment for these services is always included in payment for other services not specified, whether billed alone or with another service. Status B code edits are applied to professional and outpatient facility claims. Status B codes are bundled. Certain benefit allowances may apply.

Status “P” codes

Payment for these services is considered bundled/excluded which are incidental to other payable services when performed by the same provider or same group practice on the same date of service and are therefore not separately payable.

Status “T” codes

Status T codes bundle into services assigned a status indicator of A (Active) or R (Restricted Coverage) provided on the same date of service by the same group practice, for which payment is made. Modifier overrides will not prevent codes with a status indicator of T from bundling into other services.

Rationale

Status indicator codes will be reimbursed consistent with CMS and in accordance with correct coding guidelines.



Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.

Status “P” code list is accessible using the PFS link within the References section.

Status “B”	
CPT® / HCPCS code / Modifier	Description
A4262	Temporary tear duct plug
A4263	Permanent tear duct plug
A4270	Disposable endoscope sheath
A4300	Cath impl vasc access portal
A4550	Surgical trays
G0269	Occlusive device in vein art
G0501	Resource-inten svc during ov
G2211	Complex e/m visit add on
Q3031	Collagen skin test
R0076	Transport portable ekg
15850	Remove sutures same surgeon
20930	Sp bone algrft morsel add-on
20936	Sp bone agrft local add-on
22841	Insert spine fixation device
34839	Plnning pt spec fenest graft
36000	Place needle in vein
36416	Capillary blood draw
38204	BI donor search management
90885	Psy evaluation of records
90887	Consultation with family
90889	Preparation of report
92352	Fit aphakia spectcl monofocl
92353	Fit aphakia spectcl multifoc
92354	Fit spectacles single system
92355	Fit spectacles compound lens
92358	Aphakia prosth service temp
92371	Repair & adjust spectacles
92531	Spontaneous nystagmus study
92532	Positional nystagmus test



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92533	Caloric vestibular test
92534	Optokinetic nystagmus test
92605	Ex for nonspeech device rx
92606	Non-speech device service
92618	Ex for nonspeech dev rx add
92921	Prq cardiac angio addl art
92925	Prq card angio/athrect addl
92929	Prq card stent w/angio addl
92934	Prq card stent/ath/angio
92938	Prq revasc byp graft addl
92944	Prq card revasc chronic addl
93740	Temperature gradient studies
93770	Measure venous pressure
94005	Home vent mgmt supervision
94150	Vital capacity test
94150 -TC	Vital capacity test
94150 -26	Vital capacity test
96902	Trichogram
97010	Hot or cold packs therapy
97602	Wound(s) care non-selective
98960	Self-mgmt educ & train 1 pt
98961	Self-mgmt educ/train 2-4 pt
98962	Self-mgmt educ/train 5-8 pt
99000	Specimen handling office-lab
99001	Specimen handling pt-lab
99002	Device handling phys/qhp
99024	Postop follow-up visit
99053	Med serv 10pm-8am 24 hr fac
99056	Med service out of office
99058	Office emergency care
99060	Out of office emerg med serv
99070	Special supplies phys/qhp
99071	Patient education materials
99072	Addl supl matrl&staf tm phe
99080	Special reports or forms
99100	Special anesthesia service
99116	Anesthesia with hypothermia



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99135	Special anesthesia procedure
99140	Emergency anesthesia
99288	Direct advanced life support
99339	Domicil/r-home care supervis
99340	Domicil/r-home care supervis
99366	Team conf w/pat by hc prof
99367	Team conf w/o pat by phys
99368	Team conf w/o pat by hc pro
99374	Home health care supervision
99377	Hospice care supervision
99379	Nursing fac care supervision
99380	Nursing fac care supervision
99485	Suprv interfacilty transport
99486	Suprv interfac trnsport addl

Status "T"	
CPT® / HCPCS code	Description
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)
96523	Irrigation of implanted venous access device for drug delivery systems
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patients furnished under the direct supervision of an optometrist or ophthalmologist

Related policy

[Bundling Guidelines](#)

[Evaluation and Management Services](#)

[OCE Edits](#)

References

Healthcare Common Procedure Coding System

American Medical Association, *Current Procedural Terminology* (CPT®)

Centers for Disease Control and Prevention, International Classification of Diseases, 10th Revision

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) [PFS Relative Value Files | CMS](#)

History

4/30/2021	New policy developed. Blue Cross Blue Shield North Carolina (Blue Cross NC) will provide reimbursement for select status indicator codes according to the criteria outlined in this policy. Notification on 4/30/2021 for effective date 7/1/2021. (eel)
12/30/21	Routine policy review. Clarification added to status B codes “whether billed alone or with another service.” Medical Director approved. (eel)
1/21/22	99050 and 99051 removed from Status B list in Billing and Coding Section. Refer to related Evaluation and Management Services policy. (eel)
6/1/22	Policy language updated throughout. Status “P” added to Reimbursement Guidelines section. Medical Director approved. Notification on 3/31/2022 for effective date 6/1/2022. (eel)
12/31/2022	Routine policy review. Minor revisions only. (ckb)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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Commercial Reimbursement Policy

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