

Services Not Reimbursed by Medicare Part B

When the Medicare Physician Fee Schedule Database is updated, the Centers for Medicare & Medicaid Services (CMS) defines certain services that will not be reimbursed by Medicare Part B. The effective date for these services is January 1, 2008.

Bundled Codes: Status B Indicator

Payment for covered services is always bundled into payment for other services not specified. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient). You cannot bill the patient for these services. (The TC modifier is a HCPCS modifier and the 26 modifier is a CPT modifier.)

HCPCS Codes	CPT Codes & HCPCS/CPT Modifiers	CPT Codes & HCPCS/CPT Modifiers	CPT Codes & HCPCS/CPT Modifiers	CPT Codes & HCPCS/CPT Modifiers
A4262				
A4263	78891 – TC	93740 – 26	99051	99363
A4270	78891 – 26	93770	99053	99364
A4300	90885	93770 – TC	99056	99366
A4550	90887	93770 - 26	99058	99367
G0269	90889	94005	99060	99368
Q3031	91123	94150	99070	99374
R0076	92352	94150 – TC	99071	99377
	92353	94150 – 26	99078	99379
	92354	96040	99080	99380
	92355	96902	99090	
	92358	97010	99091	
	92371	97602	99100	
	92531	98960	99116	
	92532	98961	99135	
	92533	98962	99140	
	92534	99000	99288	
	92605	99001	99339	
	92606	99002	99340	
	93740	99024	99358	
	93740 – TC	99050	99359	

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