

KEY TO RBRVS TABLE INDICATORS

KEY TO RBRVS STATUS CODES

- A** Active code: These are covered services for which payment is made using the RBRVS payment methodology.
- B** Bundled code: Payment for covered services is bundled into payment for other services. Separate payment for the provision of these services is never made.
- C** Carrier-priced procedure code: Medicaid will establish the fee for services considered unlisted CPT procedure codes and for services for which CMS has not established “relative value units”, typically low-volume services.
- P** Bundled and non-incident services: there are two instances in which no fee schedule payment is made for a covered service, but instead payment for the particular service is bundled into the payment for another covered service. The first instance occurs when a service is considered as incident to a physician service and is furnished on the same date of service. Payment for the service is considered bundled into the other service’s payment. The second instance occurs when a service is not considered “incident” to a physician service. In this latter case, payment for the service is made under other provisions.
- T** Injections and other minor services: These services are only paid if there are no other services payable and billed on the same date by the same provider. Services the same provider bills on the same date are bundled into the service for which separate payment is made.

KEY TO GLOBAL SURGERY INDICATORS

WV Medicaid adopted Medicare's pre-operative and post-operative global surgical package windows for surgeries. During these global surgery periods, E & M services associated with the surgical procedure are not payable separately; they are included in the payment of the surgical procedure.

CODE	EXPLANATION
MMM	Global surgery period does not apply; maternity code
XXX	Global surgery period concept does not apply
YYY	Global surgery period determined by carrier
ZZZ	Code falls within global surgery period for another service
90	Global surgery period includes day before, day of, and 90 days after surgical procedure.
10	Global surgery period includes day of and 10 days after surgery
0	Global surgery period includes day of procedure only.

KEY TO PAYMENT POLICY INDICATORS

Below are the explanations of the values of the payment policy indicators found on the RBRVS tables. When the field is blank the modifier is not allowed or not applicable.

Multiple Surgeries - Modifier 51

Y Indicates these services may be billed as multiple procedures

Bilateral Surgery - Modifier 50

Y Indicates these services may be billed as bilateral procedures. When billing Modifier 50, use "1" in "Days or Units", Block 24G

B Indicates the service description is bilateral therefore the RVUs were calculated for bilateral Modifier 50 is therefore not applicable for payment of these services

Assistant at Surgery - Modifiers 80, 81, 82 and AS

Y Indicates payment may be made for assistants at surgery, if medically necessary.

D Indicates payment may be made for assistant at surgery if documentation supports medical necessity.

Co-surgeons – Modifier 62

Y Indicates physicians may bill as co-surgeons for the service, with or without supporting documentation depending on the procedure.

D Indicates physicians may bill as co-surgeons with supporting documentation to be reviewed for medical necessity.

Team Surgery – Modifier 66

Y Indicates physicians may bill as team surgeons for this service, with supporting documentation

D Indicates physicians may bill as team surgeons for this service with supporting documentation to substantiate medical necessity.