

Status codes and CPT codes 99070 and 97010

The Colorado Division of Workers' Compensation (DWOC) adopted several RBRVS fields and attributes for Rule 18 Medical Fee Schedule in 2019. One of these is the status code attributes that describe how a HCPCS or CPT medical code will be reimbursed. Status codes also explain policy rules such as active codes, deleted codes, or bundled services.

Below is the list of current DOWC Status Codes. See Rule 18-4(A)(3) for information on the RBRVS fields, attributes and DOWC-created codes.

Status Code	Meaning
A	<ul style="list-style-type: none"> Separately payable
B & P	<ul style="list-style-type: none"> Bundled code
C	<ul style="list-style-type: none"> Priced per Rule 16-10-1
E	<ul style="list-style-type: none"> HCPCS J0120 to J9999 and CPT® 90296-90750 are payable. HCPCS Q4074-Q4255 require prior authorization for payment. All other codes are not payable unless otherwise specified in Rule 18.
I	<ul style="list-style-type: none"> HCPCS A0021-A0998 and S0012-S0199 (see section 18-4(B)(6) (c)) are payable. Dental codes are paid per Exhibit #3. All other codes are not payable unless otherwise specified in Rule 18. There may be another code for reporting and payment of these services.
J	<ul style="list-style-type: none"> Anesthesia code
M & Q	<ul style="list-style-type: none"> Measurement or functional information codes – no value
N	<ul style="list-style-type: none"> HCPCS A4210-A9300 are payable when these supplies are issued for home use. Dental codes are paid per Exhibit #3. HCPCS V2025-V5290 are payable per section 18-6(A). There may be another code for reporting and payment of services associated with V-codes. All other codes are not payable unless otherwise specified in Rule 18.
R	<ul style="list-style-type: none"> Dental codes are paid per Exhibit #3. All other codes are not payable unless otherwise specified in Rule 18.
T	<ul style="list-style-type: none"> Paid when it is the only payable service performed
X	<ul style="list-style-type: none"> Codes with an assigned RBRVS or DMEPOS value (section 18-2(A)) are payable. All other codes are not payable unless otherwise specified in this Rule.

As of 2018, CPT 99070 and 97010 are no longer payable. Both codes have a status of “B,” which means payment is always bundled into the payment for other provided services. There will never be separate payments for status “B” codes.

99070 – Supplies and materials provided by the physician or other qualified healthcare professional

According to Rule 18-6(A)(3), *“Supplies necessary to perform a service or procedure are not separately reimbursable. Only supplies that are not an integral part of a service or procedure are considered to be over and above those usually included in the service or procedure.”*

When reporting supplies that are not included with a service, bill Pinnacol with the most accurate HCPCS code that describes the supply.

97010 – Application of a modality; hot or cold packs

CPT code 97010 will be denied as bundled. Application of hot or cold packs is included with any therapy performed. The supply used for the modality should not be billed and is not separately payable.

Pinnacol conducts pre- and post-payment documentation reviews. If your documentation does not support the services being billed, your request for payment could be denied or you could receive a letter requesting a refund based on an overpayment. If you have questions, please contact us at billingsuccess@pinnacol.com or 303.361.4940.