**Summary**
This policy describes reimbursement for billing grouped services on a CMS-1500 claim form or its electronic equivalent.

**Policy Statement**
Grouped services are a series of identical services, rendered on consecutive days by the same individual provider in the same place of service. These services may be billed on a single line on the CMS-1500 claim form utilizing the Date of Service From and To fields (24A), and must correspond to the number of units in the Days or Units field (24G). For electronic claims, please refer to the NUCC (National Uniform Claim Committee) website which provides a [1500-837p crosswalk](#). Medica will deny claim lines where the number of days in a From and To range does not correspond to the number of units.

Certain code sets are exempt, as they are inconsistent with these guidelines:
- Ambulance mileage
- Codes with time span verbiage in their description such as per week, per month, or per course of treatment
- Drug codes or codes for contrast and radiopharmaceutical imaging materials
- Global maternity services
- Time-based anesthesia services
- Unlisted codes

Additionally, the following provider types are exempt from grouped services billing:
- Personal Care Assistant (PCA) services must be submitted using one date of service per claim line and therefore may not utilize grouped services billing.
- Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics, and Prosthetic providers are excluded from grouped services billing due to their monthly billing requirements.

**Code Lists**
- From-To Date Exempt Code List

**Resources**
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
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