

Batching vs. Bundling

Exploring Batching vs. Bundled Claims

As billing disputes involving a single item or service are common, there are circumstances when an IDRE can review multiple items or services simultaneously to better streamline the IDR process and reduce [costs](#). Batching and bundling both allow FHAS to review disputes as a group, but only under certain conditions.

The terms “batching” and “bundling” are often used interchangeably by parties, but it is important to know they are two distinctly different dispute types. When submitted incorrectly, a [resubmission](#) is required. To help ensure disputes are handled properly and efficiently, we have developed a guide outlining FHAS procedures and qualifications for bundled and batched disputes.

What is the difference between a batched and a bundled IDR claim?

Batching allows an initiating party to submit multiple related items or services for a single IDR dispute represented as a single patient encounter, identical service codes, or a Category I CPT code section.

Bundled disputes contain multiple items and services, but are represented by a single service code or single payment by one of the parties involved.

FHAS Batching Guidelines

Due to ongoing litigation related to the No Surprises Act and the lack of a final rule governing batching, FHAS must determine which items and services are considered “related to the treatment of a similar condition.” Currently, FHAS [batching rules](#) align closely with those outlined in the [No Surprises Act Independent Dispute Resolution Process Proposed Rule Fact Sheet](#) issued on October 27, 2023.

4 Rules for Batching

1

Eligibility is limited to items and services billed by the same provider, group of providers or facility, under the same NPI or Taxpayer Identification Number (TIN)

2

Payment for the items and services must come from the same group health plan or health insurance issuer.

3

All batched items and services need to have occurred during a 30-business day period following the date on which the earliest included item or service was furnished.

4

All batched items and services must be related to the treatment of a similar condition.

3 Ways to Batch Disputes According to FHAS' Definition of "Treatment of a Similar Condition"

Batch a Single Patient Encounter

All items and services from the same provider (NIP or TIN) and that were furnished during a single episode of care are eligible to be batched.

Batch by Identical Service Codes

You may submit all identical items or services as a batched dispute, regardless of patient.

Batch by Category / CPT code section

Create a batched dispute for all services within the eligible radiology, pathology & labs, anesthesiology, or air ambulance code, as specified in current guidance.

FHAS Bundling Policy

What is Bundling?

When multiple items or services from a provider are billed or paid/denied under a single service code, such as a Diagnosis Related Group (DRG), it is considered a bundled arrangement for the purposes of the Federal IDR process.

FHAS Policy on Bundled Disputes

Unfortunately, there is a significant lack of clarity involving bundled disputes. In advance of a dispute resolution, FHAS asks health plans and insurance providers to provide a statement outlining its bundling methodology so that their position is clear to all parties.

Required Statement from Issuer

An authorized representative for the issuer should declare one of two approaches to bundling.

Statement Options	Implications
<p>When [Insert Issuer’s Name] has an allowed amount allocated to only one item or service, the allowed amount is only meant to be applied to that one item or service and should not be applied to other items and/ or services listed on the claim.</p>	<p>Providers can only submit a bundled dispute if a DRG was billed. If a DRG was not provided, they must submit multiple single disputes for each item or service, unless the items are eligible for batching.</p>
<p>When [Insert Issuer’s Name] has an allowed amount allocated to only one item or service, the allowed amount is meant to be applied to all item(s) and/ or service(s), regardless of the EOB stating \$0 allowed for any given item or service on the claim.</p>	<p>Providers MUST submit all items and/or services listed on the claim for the dispute to be bundled correctly. If a provider does not list all eligible services for the claim, then the dispute will be deemed incorrectly bundled.</p>

We request that statement of choice be emailed to IDRE@fhas.com with the **Subject: “Bundling Policy Response”**. Unless a statement is received, FHAS, as directed by CMS, will process the dispute as a bundled arrangement.

Partner with FHAS

FHAS is a certified Independent Dispute Resolution Entity (IDRE) under the No Surprises Act. We provide impartial and efficient resolution of payment disputes between healthcare providers and health insurance plans for out-of-network services.

Contact us [online](https://www.fhas.com), at [570-779-5122](tel:570-779-5122), or by email at IDRE@fhas.com

