

Services and Modifiers Not Reimbursable to Health Care Professionals Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

All codes published on the National Physician Fee Schedule (NPFs) by the Centers for Medicaid Services (CMS) are assigned a status code. The status code indicates whether the code is separately payable if the service is covered.

Reimbursement Guidelines

Per the public use file that accompanies the NPFs Relative Value File, the following status indicators are listed:

| Status Code: | |
|--------------|--|
| M | Measurement codes. Used for reporting purposes only. |
| Q | Therapy functional information code (used for required reporting purposes only). |

Consistent with CMS and in accordance with correct coding, UnitedHealthcare Community Plan will deny codes that have the CMS NPFs Relative Value File designation of status M or status Q reported on a CMS-1500 form as these are designated “for reporting purposes only.” Refer to the “Attachment” section for a complete list of codes.

Modifiers

In accordance with the CPT book and CMS, the following modifiers have been approved and designated for use by ambulatory surgery centers (ASC) or in the outpatient hospital setting. UnitedHealthcare Community Plan will deny codes appended with these modifiers when reported by a physician or other health care professional:


| Modifier | Description |
|----------|--|
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date |
| 73 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia |
| 74 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia |
| CP | Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (c-apc) procedure, but reported on a different claim |
| PO | Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments |

The following section applies to UnitedHealthcare Community Plan Medicaid Products only:

The following modifiers represent services that are funded by a county, state or federal agency, and therefore additional reimbursement for such services would not be appropriate. With the exception of ambulance transport providers which use the modifier SE to report the origin and destination of ambulance transportation, UnitedHealthcare Community Plan will deny codes appended with the following modifiers when reported by any physician or other health care professional.

| Modifier | Description |
|----------|---|
| SE | State and/or federally-funded programs/services; Ambulance transportation from Scene of accident or acute event to Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility) |
| SL | State supplied vaccine |
| H9 | Court-ordered |
| HU | Funded by child welfare agency |
| HV | Funded state addictions agency |
| HW | Funded by state mental health agency |
| HX | Funded by county/local agency |
| HY | Funded by juvenile justice agency |
| HZ | Funded by criminal justice agency |
| QJ | Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (B) |
| TR | School-based individualized education program (IEP) services provided outside the public school district responsible for the student |

Attachments: Please right-click on the icon to open the file

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|  UnitedHealthcare Community Plan Status M and Q Codes | A list of Status M and Status Q Codes |
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

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|------------------|---|
| 2/15/2021 | Removed reference to other state exceptions |
| 7/7/2019 | New York state exceptions added |
| 6/2/2019 | California state exceptions added |
| 5/26/2019 | Texas State exceptions updated |
| 5/26/2019 | Ohio State exceptions added |
| 4/5/2019 | Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header History Section: Entries prior to 1/1/2017 archived |
| 1/22/2019 | Modifiers section updated |
| 9/15/2018 | Application section updated per legal update |
| 9/9/2018 | Texas state exceptions added |
| 7/11/2018 | Policy Approval Date Change Annual Policy Version Change History Section: Entries prior to 1/1/2016 archived |
| 6/4/2018 | Title correction from Healthcare to Health Care (no new version) |
| 5/20/2017 | Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies |
| 1/1/2017 | Annual Policy Version Change |
| 9/1/2014 | Policy implemented by UnitedHealthcare Community Plan |
| 4/9/2014 | Policy approved by Payment Policy Oversight Committee |