

T Status Codes Policy, Professional

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 reimbursement policies may use 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's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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 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 Medicare and 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

All codes published on the NPFS Relative Value File are assigned a status code. The status code indicates whether the code is separately payable if the service is covered. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status indicator of T:

"There are RVUs, and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made."

Consistent with CMS, UnitedHealthcare considers CPT® and HCPCS codes assigned a status indicator of T according to the CMS NPFS bundled into services assigned a status indicator of A or R provided on the same date of service by

the Same Individual Physician or Other Health Care Professional, for which payment is made. Modifier overrides will not prevent codes with a status indicator of T from bundling into other services.

According to the CMS NPFS file, the codes with a status indicator of T Status codes are:

- CPT codes 36598, 94760, 94761, and 96523
- HCPCS codes G0117 and G0118

The edits administered by this policy may be found on the following link using the appropriate year and quarter under the "Status Code" column:

[PFS Relative Value Files | CMS](#)

Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status indicator of A: "Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy."

The following is stated for status indicator of R:

"Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced. (NOTE: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)

In some instances, a code assigned a status indicator of T is also considered payable when reported alone or in the case of two codes assigned a status indicator of T being billed together with no additional service, on the same date of service by the Same Individual Physician or Other Health Care Professional, UnitedHealthcare will bundle the code with the lower relative value unit (RVU) into the code with the higher RVU.

For additional information, refer to the Questions and Answers section, Q&A #2.

For more information on rebundling edits, refer to the UnitedHealthcare "Rebundling Policy."

Definitions

Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.
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Questions and Answers

1	<p>Q: Why does this policy not address all codes that the NPFS identifies with a status indicator of T?</p> <p>A: Codes from the NPFS with a status indicator of T, but otherwise addressed in other UnitedHealthcare reimbursement policies, are not included in this policy. For example, CPT codes 36591 and 36592 are addressed in the Laboratory Services Policy.</p>
2	<p>Q: Will UnitedHealthcare reimburse two codes with a status indicator of T when reported for the same patient by the Same Individual Physician or Heath Care Professional on the same date of service?</p> <p>A: No, UnitedHealthcare will consider reimbursement for the code with a status indicator of T with the highest RVU and payment for the other as bundled and not separately reimbursed only when no other service reported with a status indicator of A or R. If reported with another service with a status indicator of A or R, UnitedHealthcare will</p>

	bundle both codes with a status indicator of T into the reimbursement for the payable service code and will not be separately reimbursed.
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Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
5/14/2023	Policy Version Change Updated Header with new Logo History section: Entries prior to 5/14/2021 archived
5/21/2021	Policy Version Change Attachment Section: Removed attachment(s) and converted to link(s) History section: Entries prior to 3/31/2019 archived
3/15/2009	Policy implemented by UnitedHealthcare Employer & Individual
3/11/2009	Policy approved by the National Reimbursement Forum