

Replacement 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, 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. This policy addresses specific codes assigned status code "I" where CMS has indicated a replacement code is available and has assigned a Relative Value Unit (RVU) to the replacement code.

Reimbursement Guidelines

Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code "I": Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services.

In certain instances CMS creates Healthcare Common Procedure Coding System (HCPCS) replacement codes for physicians and/or healthcare professionals to report in lieu of the Current Procedural Terminology (CPT®) or HCPCS codes assigned an "I" status. The replacement codes allow for additional code specificity so that the appropriate reimbursement and beneficiary coverage can be applied for the service provided.

In the example below CMS has replaced intraoperative neurophysiology CPT code 95941 with HCPCS code G0453 which is specific to a single beneficiary.

Note: RVU values may not accurately reflect the current NPFS and are intended for illustrative purposes only.


NPFS status	Code	Description	RVU
I = Not valid for Medicare purposes	95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	0.00
A = Active Code	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	0.93

Consistent with CMS, UnitedHealthcare will not separately reimburse for specific CPT or HCPCS codes assigned a status code "I" on the NPFS Relative Value File, indicating another code (replacement code) is used to report the procedure or service and that replacement code has an assigned RVU. Codes from the NPFS with a status of "I" addressed in other UnitedHealthcare reimbursement policies, codes with no identified replacement code and those where the replacement code does not have an RVU are not included in this policy. The physician or healthcare professional is required to report the replacement code that best describes the service provided.

Questions and Answers

- 1** **Q:** If the provider reports CPT code 44705 (Preparation of fecal microbiota for instillation, including assessment of donor specimen) which has an NPFS status code of "I", will it be reimbursed?
- A:** No. Consistent with CMS, UnitedHealthcare will deny reimbursement of specified status "I" codes on the NPFS that have been assigned a replacement code by CMS. In this instance, a single code, replacement code HCPCS G0455 (Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen) which includes both the work of preparation and instillation of the microbiota, should be reported.

Attachments

 <p>121317_Replacement Codes Policy List_18Q: Replacement Codes</p>	<p>Contains a listing of codes assigned a status code “1” and included in UnitedHealthcare’s Replacement Codes Policy. The codes indicated as Replacement Codes are provided for reference purposes only and are not all inclusive.</p>
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Resources

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

<p>10/4/2019</p>	<p>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</p>
<p>11/14/2018</p>	<p>Annual Policy Approval Date and Version Change</p>
<p>1/1/2018 – 11/13/2018</p>	<p>Annual Policy Version Change Policy List Change: Updated Replacement Codes list History Section - Entries prior to 1/1/2016 archived</p>
<p>11/8/2017</p>	<p>Policy Approval Date Change (no new version)</p>
<p>8/20/2017 – 12/31/2017</p>	<p>Policy List Change: Updated Replacement Codes list</p>
<p>5/20/2017 – 8/19/2017</p>	<p>Policy Verbiage Change: Added clarification to the Replacement Codes Policy List indicating the Replacement Codes Policy List is for reference only and not all inclusive</p>
<p>2/12/2017 – 5/19/2017</p>	<p>Policy List Change: Updated Replacement Codes list</p>
<p>1/1/2017 – 2/11/2017</p>	<p>Annual Policy Version Change Policy List Change: Updated Replacement Codes list</p>
<p>3/1/2016</p>	<p>Policy implemented by UnitedHealthcare Employer & Individual</p>
<p>10/14/2015</p>	<p>Policy approved by the Reimbursement Policy Oversight Committee</p>