

## Services and Modifiers Not Reimbursable to Health Care Professionals, 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 Individual Exchange 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 Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange 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. \*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

### **Application**

**This reimbursement policy applies to UnitedHealthcare Individual Exchange 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, 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.

#### **Applicable States:**

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York

### **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**

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

Status Code:	
E	These codes are for items and/or services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the fee schedule for these codes. Payment for them, when covered, generally continues under reasonable charge procedures.
M	Measurement codes. Used for reporting purposes only.
Q	Therapy functional information code (used for required reporting purposes only).
X	These codes represent an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule.

Consistent with CMS and in accordance with correct coding, UnitedHealthcare Individual Exchange will deny select status indicator E and X codes reported on a CMS-1500 form or its electronic equivalent. Refer to the "Attachments" section for a complete list of codes.

In addition, UnitedHealthcare Individual Exchange will also 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 "Attachments" 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 Individual Exchange will deny codes appended with these modifiers when reported by a physician or other health care professional:

Modifiers			
27	73	74	PO

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 an ambulance transportation, UnitedHealthcare Individual Exchange will deny codes appended with the following modifiers when reported by any physician or other health care professional.

Modifiers		
SE	HU	HZ
SL	HV	QJ
H9	HX	TR

**Definitions**

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

<b>1</b>	<p><b>Q:</b> Why are only select Status E and X codes not reimbursed when reported by health care professionals?</p> <p><b>A:</b> The codes are selected based on CMS or CPT coding direction or policy.</p>
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### Attachments

<a href="#">VB-Status-E-Status-X-Codes</a>	A list of Status E and Status X Codes.
<a href="#">V-B-Status-M-and-Status-Q-Codes</a>	A list of Status M and Status Q Codes.

### Resources

American Medical Association, *Current Procedural Terminology (CPT®)* 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

<b>1/21/2024</b>	Policy Version Change Attachments: Updated lists for Status M and Q codes History: Entries prior to 1/21/2022 archived
<b>5/14/2023</b>	Policy Version Change Updated Header with new Logo Attachments: Updated lists for Status M and Q codes
<b>1/1/2023</b>	Policy Version Change Application Section: Updated Applicable States Attachments: Updated lists for Status M and Q codes
<b>1/1/2021</b>	Policy implemented by UnitedHealthcare Value & Balance Exchange