

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 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.

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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 Guidance for localization for radiation therapy CPT code 77387 with HCPCS codes G6001 and G6002 which are more specific to as to the type of guidance provided.


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

NPFS status	Code	RVU
I = Not valid for Medicare purposes	77387	0.00
A = Active Code	G6001	1.44
A = Active Code	G6002	2.10

Consistent with CMS, UnitedHealthcare Community Plan 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 Community Plan 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.

State Exceptions

Florida	Florida Medicaid is exempt from replacement code editing on CPT code 77387.
Hawaii	Hawaii Medicaid is exempt from replacement code editing on CPT code 77387.
Kansas	Kansas Medicaid is exempt from replacement code editing on CPT code 77387.
Maryland	Maryland Medicaid is exempt from replacement code editing on CPT code 77387.
Missouri	Missouri Medicaid is exempt from replacement code editing on CPT code 77387.
North Carolina	North Carolina Medicaid is exempt from replacement code editing on CPT code 77387.
Ohio	Ohio Medicaid is exempt from replacement code editing on CPT code 77387.
Tennessee	Tennessee Medicaid is exempt from replacement code editing on CPT code 77387.
Texas	Texas Medicaid is exempt from replacement code editing on CPT code 77387.

Attachments	
 Replacement Codes	Contains a listing of codes assigned a status code “I” and included in Replacement Codes Policy. The codes indicated as Replacement Codes are provided for reference purposes only and are not all inclusive.

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
Individual state Medicaid regulations, manuals & fee schedules

History	
4/17/2020	Policy Version Change Reimbursement Guidelines Section: Removed Code Descriptions from Policy
3/17/2020	State exceptions section: Removed reference to Louisiana Policy Version Change Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy
1/1/2020	Policy Version Change Attachments section: Replacement Codes Policy List was updated with the new version History section: Entries prior to 1/1/2017 archived.
10/4/2019	Annual Anniversary Date and Version Change
9/15/2019	State Exceptions section: Added Kansas
6/11/2019	Title section: Removed Annual Approval information & moved policy # to the header State Exceptions section: Added North Carolina
1/1/2019	Policy Version Change History section: Entries prior to 1/1/2017 archived.
11/14/2018	Annual Approval Date: Updated Table of Contents section: Removed the Questions and Answers link State Exceptions section: Updated Florida, Hawaii, Louisiana, Maryland, Missouri, Ohio, Tennessee and Texas to remove the language “and CPT code 97014”. Removed Arizona, California, Delaware, Iowa, Kansas, Massachusetts, Michigan, Mississippi, Nebraska, New Jersey, New Mexico, New York, Pennsylvania, Virginia, Washington and Wisconsin to remove the language “is exempt from replacement code editing on CPT code 97014”. Questions and Answers section: Removed the Questions and Answers section as there was only one question and it pertained to CPT code 97014. Attachments section: Updated the Replacement Codes list to remove CPT code 97014
11/11/2018	Policy title: Added the word “Professional” to the end of the title Application section: Removed the verbiage and link for the provider website State Exceptions section: Added CPT code 77387 to the Texas state exception
6/10/2018	State Exceptions section: Added Virginia
1/1/2018	Annual Version Change Annual Approval Date: updated

	Approved By: updated
5/11/2016	Policy approved by Payment Policy Oversight Committee