

## Procedure to Modifier 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 a 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

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

#### Reimbursement Guidelines

This policy addresses the appropriate use of modifiers with individual CPT and HCPCS procedure codes.

UnitedHealthcare Community Plan sources its procedure code to modifier relationships to methodologies used and recognized by third-party authorities. Those methodologies can be definitive or interpretive. A Definitive Source is one that is based on very specific instructions from the given source. An Interpretive Source is one that is based on an interpretation of instructions from the identified source.

Modifiers that have no third-party industry standard source, policies or guidelines to direct development of specific coding relationships or edits, are allowed with all CPT codes and HCPCS codes. Modifiers to which this policy does not apply are found on the “Modifier Bypass” list.

[2019A Modifier Bypass List](#)

In accordance with correct coding, UnitedHealthcare Community Plan will consider reimbursement for a procedure code/modifier combination only when the modifier has been used appropriately. Note that any procedure code reported with an appropriate modifier may also be subject to other UnitedHealthcare Community Plan reimbursement policies.

For example, the description for modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service) specifies that it is to be reported with an Evaluation and Management (E/M) service. Therefore a surgical code, e.g., 62263, appended with modifier 25 will not be reimbursed because according to its description it should only be appended to E/M codes.

Consistent with CMS, effective for dates of service on or after June 1, 2017 through March 31, 2018, UnitedHealthcare Community Plan will require biosimilar biological products to include a modifier that identifies the pharmaceutical manufacturer of the specific product. Biosimilar drug codes reported without the required modifier will be denied. For a list of biosimilar drug codes and their corresponding required modifiers see the HCPCS/CPT Required Modifiers attachment below. To see the CMS transmittal go to <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1542OTN.pdf>

[HCPCS/CPT Codes Required Modifiers list](#)

Refer to the UnitedHealthcare Community Plan “Modifier Reference Policy” for a listing of UnitedHealthcare Community Plan reimbursement policies that discuss specific modifiers and their usage within those reimbursement policies.

**Definitions**

<b>Definitive Source</b>	Definitive Sources contain the exact codes, modifiers or very specific instructions from the given source.
<b>Interpretive Source</b>	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

**State Exceptions**



<b>Louisiana</b>	Per Louisiana State Regulations, the following codes are exempt from the policy: <ul style="list-style-type: none"> <li>• 59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, and 59622, when billed with AT modifier</li> </ul>
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**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Why aren't all CPT and HCPCS modifiers addressed in this policy?</p> <p><b>A:</b> The intent of the Procedure to Modifier Policy is to validate appropriate modifier usage and is not meant to address all possible modifier situations.</p> <p>Modifiers excluded from this policy may have:</p> <ul style="list-style-type: none"> <li>a) no third-party industry standard source, policies or guidelines to direct development of specific coding relationships or edits;</li> <li>b) a more detailed reimbursement methodology than the scope of this policy is intended; e.g. 26, TC, AA, QK; or</li> <li>c) Contractual or benefit coverage implications.</li> </ul>
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<b>2</b>	<p><b>Q:</b> Does UnitedHealthcare require modifiers for biosimilar drugs?</p> <p><b>A:</b> For dates of service on or after June 1, 2017 through March 31, 2018 UnitedHealthcare does require HCPCS codes for biosimilar drugs to have the modifier that corresponds to the pharmaceutical manufacturer.</p>
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**Attachments: Please right-click on the icon to open the file**

 <b>UnitedHealthcare Community Plan Modifier Bypass List</b>	A list of modifiers that bypass the Procedure to Modifier Policy.
 <b>UnitedHealthcare Community Plan HCPCS/CPT Required Modifiers List 6/1/17 – 3/31/18</b>	A list of HCPCS/CPT codes and their required modifiers

**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, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

**History**

<b>2/15/2021</b>	Removed reference to other state exceptions
<b>4/7/2019</b>	State Exceptions section: updated HI
<b>3/17/2019</b>	State Exceptions section: updated NE
<b>3/3/2019</b>	Attachments section: updated modifier bypass list
<b>2/8/2019</b>	State Exceptions section: updated NE
<b>1/13/2019</b>	State Exceptions section: updated NY
<b>1/1/2019</b>	Annual Policy Version Change Attachments section: updated Procedure to modifier bypass list State Exceptions section: updated Texas History section: Entries prior to 1/1/2017 archived
<b>11/18/2018</b>	State Exceptions section: updated MO and added NY
<b>11/11/2018</b>	Policy name change to Procedure to Modifier Policy, Professional State Exceptions section: updated MO and TN
<b>8/24/2018</b>	Reimbursement Guidelines and Attachments sections updated: Biosimilar added effective & term dates

<b>7/1/2018</b>	State Exceptions section: Added California
<b>6/13/2018</b>	State Exceptions section: Updated Missouri Attachments section: Biosimilar requirements removed
<b>5/20/2018</b>	State Exceptions section: Updated Iowa, Nebraska & Ohio
<b>4/1/2018</b>	Annual Policy approval date updated Attachments Section: HCPCS/CPT Required Modifier List Q&A #2 updated
<b>2/12/2018</b>	Attachments section updated
<b>1/14/2018</b>	State Exceptions section: Updated Ohio
<b>1/8/2018</b>	State Exceptions section: Updated Nebraska
<b>1/5/2018</b>	Annual Policy Version Change State Exceptions section: Removed Kansas History Section: Entries prior to 1/1/2016 archived
<b>12/11/2017</b>	Attachment section updated: Biosimilar Required Modifiers list
<b>9/3/2017</b>	State Exceptions section: Updated Hawaii
<b>8/20/2017</b>	State Exceptions section: Updated Arizona
<b>8/3/2017</b>	State Exceptions section: Updated New Mexico
<b>7/15/2017</b>	Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies.
<b>7/2/2017</b>	State Exceptions section updated: New Mexico
<b>6/21/2017</b>	Attachment section updated: Modifier Bypass list
<b>6/18/2017</b>	State Exceptions section updated: Florida Attachment section updated: Tennessee
<b>6/4/2017</b>	State Exceptions section updated: Texas and Wisconsin
<b>6/1/2017</b>	Policy (Reimbursement Guidelines), Questions and Answers, and Attachment sections updated: Added biosimilar biological products
<b>5/21/2017</b>	State Exceptions section updated: Missouri and Wisconsin
<b>4/2/2017</b>	State Exceptions section updated: Hawaii, Ohio and Washington Policy Approval Date Change
<b>3/12/2017</b>	State Exceptions section updated: Tennessee
<b>3/5/2017</b>	State Exceptions section updated: Texas
<b>2/19/2017</b>	State Exceptions section updated: Nebraska
<b>2/12/2017</b>	State Exceptions section updated: Missouri
<b>2/12/2017</b>	State Exceptions section: Added Florida and Missouri
<b>1/8/2017</b>	State Exceptions section: Added Ohio exception.
<b>1/1/2017</b>	Annual Policy Version Change History Section: Entries prior to 1/1/2015 archived
<b>1/1/2016</b>	Annual Policy Version Change History Section: Entries prior to 1/1/2014 archived

<b>3/11/2015</b>	Annual Approval Date Change Approved By Section: replaced United HealthCare Community & State Payment Policy Committee with Payment Policy Oversight Committee
<b>1/1/2015</b>	Annual Policy Version Change History Section: Entries prior to 1/1/2013 archived
<b>1/27/2014</b>	Annual Renewal of Policy Approved by United HealthCare Community & State Payment Policy Committee
<b>1/1/2014</b>	Annual Version Change Reimbursement Guidelines Sections: Defined terms capitalized
<b>6/13/2011</b>	Policy posted by UnitedHealthcare Community & State

[Back To Top](#)