

## Replacement Codes 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 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.


<b>NPFs status</b>	<b>Code</b>	<b>Description</b>	<b>RVU</b>
<b>I = Not valid for Medicare purposes</b>	77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	0.00
<b>A = Active Code</b>	G6001	Ultrasonic guidance for placement of radiation therapy fields	1.44
<b>A = Active Code</b>	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	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**

<b>Louisiana</b>	Louisiana Medicaid is exempt from replacement code editing on CPT code 77387.
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**Attachments: Please right-click on the icon to open the file**

 <b>Replacement Codes</b>	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.
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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
- Individual state Medicaid regulations, manuals & fee schedules

History	
<b>2/15/2021</b>	Removed reference to other state exceptions
<b>6/11/2019</b>	Title section: Removed Annual Approval information & moved policy # to the header State Exceptions section: Added North Carolina
<b>1/1/2019</b>	Policy Version Change History section: Entries prior to 1/1/2017 archived.
<b>11/14/2018</b>	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
<b>11/11/2018</b>	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
<b>6/10/2018</b>	State Exceptions section: Added Virginia
<b>1/1/2018</b>	Annual Version Change Annual Approval Date: updated Approved By: updated
<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>2/15/2017</b>	State Exceptions section: Updated Missouri
<b>2/12/2017</b>	State Exceptions section: Added Arizona, added Missouri, updated Hawaii and updated Louisiana
<b>1/1/2017</b>	Annual Version Change Attachments section: Replacement Codes Policy List was updated with the new version
<b>11/1/2016</b>	Policy implemented by UnitedHealthcare Community & State
<b>5/11/2016</b>	Policy approved by Payment Policy Oversight Committee