

T Status Codes Policy for Louisiana					
Policy Number	2021R0107A.LA	Annual Approval Date	3/9/2016	Approved By	Payment Policy Oversight Committee

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.

UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

*CPT® is a registered trademark of the American Medical Association

Proprietary information of UnitedHealthcare Community and State
Copyright 2017 UnitedHealthcare Services, Inc.

Application
<p>This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.</p> <p>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.</p>

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

All codes published on the NPFS Relative Value File are assigned a status code. The status code indicates whether the code is separately payable if the service is covered. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status indicator of T:

"There are RVUs and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made."

UnitedHealthcare Community Plan Medicaid considers Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS) codes with a status indicator of T bundled into any other service provided, on the same date by the Same Individual Physician or Other Health Care Professional, for which payment is made. No modifier overrides will exempt codes with a status indicator of T from bundling into the services for which payment is made.

UnitedHealthcare Community Plan Medicare considers CPT® and HCPCS codes assigned a status indicator of T according to the CMS NPFS bundled into services assigned a status indicator of A or R provided on the same date of service by the Same Individual Physician or Other Health Care Professional, for which payment is made. Modifier overrides will not prevent T status codes from bundling into other services.

Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status indicator of A:

"Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy."

The following is stated for status indicator of R:

"Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced. (NOTE: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)"

2017 Payable Service Codes List

In some instances a code assigned a status indicator of T is also considered payable when reported alone or in the case of two codes assigned a status indicator of T being billed together with no additional service, on the same date of service by the Same Individual Physician or Other Health Care Professional, UnitedHealthcare Community Plan will bundle the code with the lower relative value unit (RVU) into the code with the higher RVU.

For additional information, refer to the Questions and Answers section, Q&A #2.

For more information on rebundling edits, refer to the UnitedHealthcare Community Plan "Rebundling Policy."

Definitions

Same Individual Physician or Other Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.
--	--


Questions and Answers

1	<p>Q: Why does this policy not address all codes that the NPFS identifies with a status indicator of T?</p> <p>A: Codes from the NPFS with a status indicator of T, but otherwise addressed in other UnitedHealthcare Community Plan reimbursement policies, are not included in this policy. For example CPT codes 36591 and 36592 are addressed in the Laboratory Services Policy.</p>
2	<p>Q: Will UnitedHealthcare Community Plan reimburse two codes with the status indicator of T when reported for the same patient by the Same Individual Physician or Health Care Professional on the same date of service?</p> <p>A: No, UnitedHealthcare Community Plan will consider reimbursement for the codes with a status indicator of T with the highest RVU and payment for the other as bundled and not separately reimbursed only when no other service reported with a status indicator of A or R. If reported with another service with a status indicator of A or R, UnitedHealthcare Community Plan will bundle both codes assigned the status of indicator of T into the reimbursement for the Payable Service Code and will not be separately reimbursed.</p>

Codes with Status Indicator of T

CPT code section	
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
96523	Irrigation of implanted venous access device for drug delivery systems
HCPCS code section	
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

Attachments: Please right-click on the icon to open the file

 Payable Service Codes List	A list of codes that have a CMS NPFS Status Indicator of A or R.
--	--

Resources

<p>Individual state Medicaid regulations, manuals & fee schedules</p> <p>American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services</p>
--

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

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History

2/19/2021	Removed references to M&R and E&I
7/1/2018	Attachment Section: Payable Service Codes Updated
1/1/2017	Annual Version Change Attachment Section: Payable Service Codes Updated History Section: Entries prior to 1/1/2015 archived
10/2/2016	Attachment Section: Payable Service Codes Updated
8/20/2016	Reimbursement Guidelines: Added Medicare Language Attachment Section: Payable Service Codes added Question and Answer Section: 1 question added
3/14/2016	Annual Approval Date Change State Exceptions Section: Exception added for Pennsylvania
1/1/2016	Annual Policy Version Change Entries prior to 1/1/2014 archived
3/11/2015	Annual Approval Date Change Approved By Section: Replaced United Healthcare Community Plan Payment Policy Committee with Payment Policy Oversight Committee
3/1/2015	Application Section: Removed reference to location of policy for Mississippi Chip (no new version)
1/1/2015	Annual Policy Version Change History Section: Entries prior to 1/1/13 archived
3/16/2009	Policy implemented by UnitedHealthcare Community & State