

# SERVICES AND MODIFIERS NOT REIMBURSABLE TO HEALTHCARE PROFESSIONALS POLICY

**Policy Number:** ADMINISTRATIVE 248.11 T0

**Effective Date:** January 1, 2019

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Related Policies
None

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## APPLICATION

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent. 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.

## 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	Description
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, Oxford 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, Oxford 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 or its electronic equivalent 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. Oxford will deny codes appended with these modifiers when reported by a physician or other healthcare professional:

Modifier	Description
27	Multiple outpatient hospital E/M encounters on the same date
73	Discontinued out-patient hospital/ambulatory surgery center (ASC) procedure prior to the administration of anesthesia
74	Discontinued out-patient hospital/ambulatory surgery center (ASC) procedure after administration of anesthesia
PO	Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments

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, Oxford will deny codes appended with the following modifiers when reported by any physician or other healthcare professional:

Modifier	Description
H9	Court-ordered
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
QJ	Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (B)
SE	State and/or federally-funded programs/services; Ambulance transportation from Scene of accident or acute event to Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
SL	State supplied vaccine

Modifier	Description
TR	School-based individualized education program (IEP) services provided outside the public school district responsible for the student

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

## ATTACHMENTS

### Status E and X Codes

A list of status E and status X codes



Status E and X  
Codes List

### Status M and Q Codes

A list of status M and status Q codes



Status M and Q  
Codes List

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2018R0124B]

American Medical Association, Current Procedural Terminology (CPT®) 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, Physician Fee Schedule (PFS) Relative Value Files.

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> <li>Updated reimbursement guidelines; removed "CP" from list of modifiers not eligible for additional reimbursement</li> <li>Updated list of <i>Status M and Q Codes</i> (CPT/HCPCS codes with status M or status Q) to reflect annual code edits; removed G9535, G9536, and G9538</li> <li>Archived previous policy version ADMINISTRATIVE 248.10 TO</li> </ul>