

T STATUS CODES POLICY (CES)

Policy Number: ADMINISTRATIVE 209.23C T0

Effective Date: October 1, 2020

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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 or its successor form. This policy applies to 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

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 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.”

Consistent with CMS, Oxford considers Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS) codes with a status indicator of T according to the CMS NPFS bundled into any other service assigned a status indicator of A or R provided, on the same date by the Same Individual Physician or Other Qualified Health Care Professional, for which payment is made. Modifier overrides will not prevent codes with a status indicator of T from bundling into other services.

According to the CMS NPFS file, the codes with a status indicator of T Status codes are:

- CPT codes 36598, 94760, 94761, and 96523
- HCPCS codes G0117 and G0118

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.

[Payable Service Codes](#)

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 Qualified Health Care Professional, Oxford 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](#).

DEFINITIONS

Same Individual Physician or Other Qualified Health Care Professional: The same individual physician or other qualified health care professional rendering health care services reporting the same Federal Tax Identification number.

QUESTIONS AND ANSWERS

1	Q:	Why does this policy not address all codes that the NPFS with a status indicator of T?
	A:	Codes from the NPFS with a status indicator of T, but otherwise addressed in other Oxford reimbursement policies, are not included in this policy.
2	Q:	Will Oxford reimburse two codes with a status indicator of T when reported for the same patient by the Same Individual Physician or Other Qualified Health Care Professional on the same date of service?
	A:	No, Oxford will consider reimbursement for the code 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, Oxford will bundle both codes with a status indicator of T into the reimbursement for the payable service code and will not be separately reimbursed.

APPLICABLE CODES

Payable Service Codes

[Payable Service Codes](#) that have a CMS NPFS Status Indicator of A or R

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. [2020R0107B]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

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.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2020	<p>Applicable Codes</p> <ul style="list-style-type: none">Revised list of <i>Payable Service Codes</i> that have a CMS NPFS Status Indicator of "A" or "R"; added 20560, 20561, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99441, 99442, and 99443 <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version ADMINISTRATIVE 209.22C T0