UnitedHealthcare Community Plan

REIMBURSEMENT POLICY
CMS-1500
Policy Number 2023R0119A.LA

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.

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.

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	
Definitive Source	Definitive Sources contain the exact codes, modifiers or very specific instructions from the given source.
Interpretive Source	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	
Louisiana	Per Louisiana State Regulations, the following codes are exempt from the policy: • 59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, and 59622, when billed with AT modifier Per Louisiana State Regulations, Codes A0382, A0394, A0398, A0422, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434, A0435, A0436 will deny when billed with modifier ET. Per Louisiana State Regulations, T1019 will deny when billed with modifier UB

Questions and Answers	
1	**Q:** Why aren't all CPT and HCPCS modifiers addressed in this policy? **A:** The intent of the Procedure to Modifier Policy is to validate appropriate modifier usage and is not meant to address all possible modifier situations. Modifiers excluded from this policy may have:

	a) no third-party industry standard source, policies or guidelines to direct development of specific coding relationships or edits; b) a more detailed reimbursement methodology than the scope of this policy is intended; e.g. 26, TC, AA, QK; or c) Contractual or benefit coverage implications.
2	**Q:** Does UnitedHealthcare require modifiers for biosimilar drugs? **A:** 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.

Attachments:	
LA Modifier Bypass	A list of modifiers that bypass the Procedure to Modifier Policy.
LA Biosimilar Drugs **HCPCS CPT Required**	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	
5/28/2023	Policy Version change State Exceptions section: Louisiana updated
11/13/2022	Annual Policy Version Change Attachments Section: Updated Procedure to modifier bypass list
11/22/2021	Policy Version change History Section: Entries for other states removed
02/15/2021	Policy Version Change Removed reference to other state exceptions
03/03/2019	Attachments Section: Updated modifier bypass list
01/01/2019	Annual Policy Version Change Attachments Section: Updated Procedure to modifier bypass list History section: Entries prior to 1/1/2017 archived
08/24/2018	Reimbursement Guidelines and Attachments sections: Updated Biosimilar added effective & term dates
06/13/2018	Attachments Section: Biosimilar requirements removed
04/01/2018	Annual Policy approval date updated Attachments Section: HCPCS/CPT Required Modifier List Q&A #2 updated

02/12/2018	Attachments Section: Updated
01/05/2018	Annual Policy Version Change
12/11/2017	Attachment Section: Updated Biosimilar Required Modifiers list
06/21/2017	Attachment Section: Updated Modifier Bypass list
06/01/2017	Policy (Reimbursement Guidelines), Questions and Answers, and Attachment Sections updated: Added biosimilar biological products
03/11/2015	Annual Approval Date Change Approved By Section: replaced United HealthCare Community & State Payment Policy Committee with Payment Policy Oversight Committee
01/27/2014	Annual Renewal of Policy Approved by United HealthCare Community & State Payment Policy Committee
01/01/2014	Annual Version Change Reimbursement Guidelines Sections: Defined terms capitalized
06/13/2011	Policy posted by UnitedHealthcare Community & State

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