CMS Replacement Codes

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The Centers for Medicare and Medicaid Services (CMS) categorize all procedures listed in the National Physician Fee Schedule (NPFS) with specific status codes. These codes are recorded in the public use document accompanying the NPFS Relative Value Unit (RVU) file. If a procedure code becomes obsolete, it's included in the RVU file with a designated status code.

Reimbursement Guidelines

Following CMS's guidelines, it's crucial to apply the correct status codes. Using an incorrect code leads to claim denials by Molina Healthcare, and any payments made in error will need to be returned.

Key Status Codes:

- **B - Bundled Code:** Indicates services combined and billed as one.
- **E - Excluded from Physician Fee Schedule:** Marks services or items not covered under the physician fee schedule.
- **I - Not valid for Medicare:** Identifies services or items Medicare does not recognize.
- **M - Measurement codes:** Used exclusively for reporting; they do not influence payment.
- **N - Noncovered service:** Applies to services or items the insurance does not cover.
- **P - Bundled/Excluded Codes:** Like the 'B' code, for bundled services or those excluded from coverage.
- **X - Statutory Exclusion:** For services or items legally excluded from coverage.

Incorrect status code usage can lead to claim denials, and Molina Healthcare will reclaim any improper payments. Additionally, it's essential to note that all removed CPT/HCPCS codes now have replacements. Always consult the latest coding guidelines to ensure you're using the correct codes.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System
NPFS	National Physician Fee Schedule
RVU	Relative Value Unit

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Effective	09/08/2023	New Policy
Revised Date	12/12/2024	Updated Template

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Agency:	Reference links:

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*