

Replacement Codes Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for the 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 may 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.

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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

All codes published on the National Physician Fee Schedule (NPFS) by the Centers for Medicare and Medicaid Services (CMS) are assigned a status code. This policy addresses specific codes assigned status code "I" where CMS has indicated a replacement code is available and has assigned a Relative Value Unit (RVU) to the replacement code.

Reimbursement Guidelines

Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code "I": Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services.

In certain instances, CMS creates Healthcare Common Procedure Coding System (HCPCS) replacement codes for physicians and/or healthcare professionals to report in lieu of the Current Procedural Terminology (CPT®) or HCPCS codes assigned an "I" status. The replacement codes allow for additional code specificity so that the appropriate reimbursement and beneficiary coverage can be applied for the service provided.

In the example below CMS has replaced intraoperative neurophysiology CPT code 95941 with HCPCS code G0453 which is specific to a single beneficiary.

Note: RVU values may not accurately reflect the current NPFS and are intended for illustrative purposes only.

NPFS status	Code	RVU
I = Not valid for Medicare purposes	95941	0.00
A = Active Code	G0453	0.93

Consistent with CMS, UnitedHealthcare Community Plan will not separately reimburse for specific CPT or HCPCS codes assigned a status code “I” on the NPFS Relative Value File, indicating another code (replacement code) is used to report the procedure or service and that replacement code has an assigned RVU. Codes from the NPFS with a status of “I” addressed in other UnitedHealthcare Community Plan reimbursement policies, codes with no identified replacement code and those where the replacement code does not have an RVU are not included in this policy. The physician or healthcare professional is required to report the replacement code that best describes the service provided.

State Exceptions

Indiana	Indiana Medicaid is exempt from replacement code editing.
Kansas	Kansas Medicaid is exempt from replacement code editing on CPT code 0780T, 97014 and 99418.
Minnesota	Minnesota Medicaid is exempt from replacement code editing on CPT codes G6001 and G6002.
Nebraska	Nebraska is excluded from the policy since Nebraska state fee schedule does not include the G codes.
New York	New York is exempt from the policy
Ohio	Ohio Medicaid is exempt from replacement code editing on CPT code 99417.
Texas	Texas Medicaid is exempt from replacement code editing on CPT codes 95941, 97014, 99417, and 99418.
Virginia	Virginia Medicaid is exempt from replacement code editing on CPT code 99417.

Attachments

Replacement Codes	Contains a listing of codes assigned a status code “I” and included in Replacement Codes Policy. The codes indicated as Replacement Codes are provided for reference purposes only and are not all inclusive.
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Resources

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Individual state Medicaid regulations, manuals & fee schedules

History

1/1/2026	Policy Version and Date Change Reimbursement Guidelines Section: updated code example State Exceptions Section: Florida, Hawaii, Maryland, Missouri, North Carolina and Washington removed. Kansas, Minnesota, Ohio and Texas updated. Attachments Section: Replacement Codes policy list updated
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10/31/2025	Policy Version Change State Exceptions Section: Tennessee removed
10/5/2025	Policy Version Change State Exceptions Section: Florida and Texas updated
6/15/2025	Policy Version Change State Exceptions Section: Kentucky updated
5/19/2025	Policy Version Change State Exceptions Section: Indiana updated
3/9/2025	Policy Version Change State Exceptions Section: Florida updated
11/3/2024	Policy Version Change State Exceptions Section: Virginia Added
11/2/2024	Policy Version Change State Exceptions Section: Kansas updated
9/8/2024	Policy Version Change State Exceptions Section: Updated Washington and New York Added
8/11/2024	Policy Version Change State Exceptions Section: Updated Ohio
6/30/2024	Policy Version Change State Exceptions Section: Updated Texas
3/24/2024	Policy Version Change State Exceptions Section: Added Nebraska History Section: Entries prior to 3/24/2022 archived
1/1/2024	Policy Version and Date Change Attachments Section: Replacement Codes List Updated
5/11/2016	Policy approved by Payment Policy Oversight Committee