

## Replacement Codes Policy, Professional

### **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 reimbursement policies may use 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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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
<p>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, 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.</p> <p><b>United Healthcare Commercial</b>            This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p><b>UnitedHealthcare Individual Exchange</b>            This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p><b>Overview</b></p> <p>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.</p>
<p><b>Reimbursement Guidelines</b></p> <p>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.</p>

In certain instances, CMS leverages 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
<b>I = Not valid for Medicare purposes</b>	95941	0.00
<b>A = Active Code</b>	G0453	0.93

Consistent with CMS, UnitedHealthcare 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 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.

**Replacement Codes**

I Status Code	Replacement Code
44705	G0455
77387	G6001
77387	G6002
77402	G6003
77407	G6007
77412	G6011
95941	G0453
97014	G0283
98000	99202
98001	99203
98002	99204
98003	99205
98004	99212
98005	99213
98006	99214
98007	99215
98008	99202
98009	99203

98010	99204
98011	99205
98012	99212
98013	99213
98014	99214
98015	99215
99417	G2212
99418	G0316
99418	G0317
99418	G0318
S9470	97802
S9470	97803

Questions and Answers	
<b>1</b>	<p><b>Q:</b> If the provider reports CPT code 44705 (Preparation of fecal microbiota for instillation, including assessment of donor specimen) which has an NPFS status code of “I”, will it be reimbursed?</p> <p><b>A:</b> No. Consistent with CMS, UnitedHealthcare will deny reimbursement of specified status “I” codes on the NPFS that have been assigned a replacement code by CMS. In this instance, a single code, replacement code HCPCS G0455 (Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen) which includes both the work of preparation and instillation of the microbiota, should be reported.</p>
<b>2</b>	<p><b>Q:</b> If the provider reports Evaluation &amp; Management (E/M) codes 98000-98015 for telehealth visits, would they be considered for reimbursement?</p> <p><b>A:</b> No. Codes 98000-98015 were assigned by CMS a payment status code of “I” due to their crosswalk to existing telehealth eligible codes (E/M visit codes 99202-99205, 99211-99215 appended with place of service (POS) 02 or 10 to identify them as telehealth). Please refer to the Replacement Codes table above.</p>
<b>3</b>	<p><b>Q:</b> If the provider reports HCPCS code S9470 (Nutritional counseling, dietitian visit) which has an NPFS status code of “I”, will it be reimbursed?</p> <p><b>A:</b> No. Consistent with CMS, UnitedHealthcare will deny reimbursement of specified status “I” codes on the NPFS. Replacement codes for this service may be reported in this instance with 97802 (Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes) or 97803 (Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes) which includes the assessment and intervention medical nutrition therapy.</p>

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

History	
<b>4/1/2025</b>	Policy Version Change Policy List Change: Updated Replacement Codes table within the policy

	<p>Questions and Answers updated History Section: Entries prior to 04/01/2023 archived</p>
<b>1/28/2025</b>	<p>Policy Version Change Q&amp;A Section updated History Section: Entries prior to 1/28/2023 archived</p>
<b>1/1/2025</b>	<p>Policy Version Change Reimbursement Guidelines verbiage change Policy List Change: Updated Replacement Codes table within the policy</p>
<b>4/1/2024</b>	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li> <li>• Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> <li>○ All UnitedHealthcare Commercial benefit plans</li> <li>All Individual Exchange benefit plans</li> </ul> </li> </ul> <p>History Section: Entries prior to 4/1/2022 archived</p>
<b>5/1/2023</b>	<p>Policy Version Change Logo updated Policy List Change: Updated Replacement Codes table within the policy</p>
<b>3/1/2016</b>	<p>Policy implemented by UnitedHealthcare Employer &amp; Individual</p>
<b>10/14/2015</b>	<p>Policy approved by the Payment Policy Oversight Committee</p>