

**Non Covered and Covered Codes Policy, Facility 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 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 supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the facility 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. CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

**Application**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**  
This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities.

**Policy**

**Overview**

UnitedHealthcare Community Plan considers any CPT and HCPCS codes that are not on a state Medicaid fee schedule as not covered for that state’s Medicaid market unless there are benefit &/or contractual agreements with negotiated rates.

**Reimbursement Guidelines**

**Not Covered**

Any CPT and HCPCS codes that are not on the CMS NPFS but are on the state fee schedule will be covered for that state’s Medicaid market. All covered services are subject to all UnitedHealthcare Community Plan Reimbursement Policies and, although they will not deny as not covered services, may deny based on another policy.

Any CPT and/or HCPCS codes that are not on the CMS NPFS, nor on an individual state fee schedule will deny as not covered in that particular state unless there are benefit &/or contractual agreements with negotiated rates. Any code that is not covered in any UnitedHealthcare Community Plan market will be on the UnitedHealthcare Community Plan Non Covered Codes List.

Some Medicaid markets have a listing of covered codes, rather than non-covered codes. For these States, there will be a covered code list and any code not on the list will deny as not covered.

**Benefit Considerations**

The service requested must be reviewed against the language in the enrollee's benefit document. When the definitions of Experimental/Investigational Services and Unproven Services in the benefit document differ from the UnitedHealthcare Community Plan definition, it is the definition in the enrollee's benefit document that prevails.

**Definitions**

<b>Line of Business</b>	Identification number for various products within each market.
<b>Experimental or Investigational Services</b>	<p>Medical, surgical, diagnostic, psychiatric, substance abuse or other health care services, technologies, supplies, treatments, procedures, drug therapies, medications or devices that, at the time we make a determination regarding coverage in a particular case, are determined to be any of the following:</p> <ul style="list-style-type: none"> <li>• Not approved by the <i>U.S. Food and Drug Administration (FDA)</i> to be lawfully marketed for the proposed use and not identified in the <i>American Hospital Formulary Service</i> or the <i>United States Pharmacopoeia Dispensing Information</i> as appropriate for the proposed use.</li> <li>• Subject to review and approval by any institutional review board for the proposed use. (Devices which are FDA approved under the <i>Humanitarian Use Device</i> exemption are not considered to be Experimental or Investigational.)</li> </ul>

**Questions and Answers**

1	<p><b>Q:</b> What codes are considered non covered codes?</p> <p><b>A:</b> Non covered codes are codes for services that are either considered non reimbursable per state guidelines, CMS or are reimbursable by a payer other than UnitedHealthcare Community Plan.</p>
2	<p><b>Q:</b> How does UnitedHealthcare Community Plan determine which codes are not covered?</p> <p><b>A:</b> UnitedHealthcare Community Plan follows state guidelines as outlined in the individual state provider manual, state website or other regulatory materials.</p>
3	<p><b>Q:</b> Is the policy administered based on Date of Service or Date of Process?</p> <p><b>A:</b> The policy is administered based on Date of Service.</p>
4	<p><b>Q:</b> Does the Non Covered and Covered Codes apply to both Inpatient and Outpatient claims?</p> <p><b>A:</b> No, The Non Covered and Covered Codes apply to Outpatient claims.</p>

**Attachment: State Specific Lists**
**List of Non-Covered Codes**

<a href="#">Louisiana Medicaid Non-Covered Codes</a>	List of CPT/HCPCS codes that are not covered for Louisiana Medicaid
--	---

**Resources**

National Uniform Billing Committee (NUBC)

CMS Medical Code Edits (MCE) OptumInsight, Inc. *UB Editor*

Individual state Medicaid contracts, regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* 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

<b>12/17/2023</b>	Policy Version Change Attachments Section: List Updated
<b>10/29/2023</b>	Policy Version Change Attachments Section: List Updated
<b>9/10/2023</b>	Policy Version Change Attachments Section: List Updated
<b>8/27/2023</b>	Policy Version Change Header: Brand U-Mark updated Attachments Section: List Updated
<b>3/26/2023</b>	Policy Version Change Attachments Section: List Updated
<b>3/12/2023</b>	Policy Version Change Attachments Section: List updated
<b>9/17/2022</b>	Policy Version Change
<b>6/12/2022</b>	Policy Version Change
<b>5/28/2022</b>	Policy Version Change
<b>6/08/2021</b>	Removed references to other state exceptions
<b>5/21/2016</b>	Facility Policy implemented by UnitedHealthcare Community Plan