Services and Modifiers Not Reimbursable to Health Care Professionals 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 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 Medicaid Services (CMS) are assigned a status code. The status code indicates whether the code is separately payable if the service is covered.

Reimbursement Guidelines

Per the public use file that accompanies the NPFS Relative Value File, the following status indicators are listed:

Status Code:	
M	Measurement codes. Used for reporting purposes only.
Q	Therapy functional information code (used for required reporting purposes only).

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Consistent with CMS and in accordance with correct coding, UnitedHealthcare Community Plan will deny codes that have the CMS NPFS Relative Value File designation of status M or status Q reported on a CMS-1500 form as these are designated “for reporting purposes only.” Refer to the “Attachment” section for a complete list of codes.

Modifiers

In accordance with the CPT book and CMS, the following modifiers have been approved and designated for use by ambulatory surgery centers (ASC) or in the outpatient hospital setting. UnitedHealthcare Community Plan will deny codes appended with these modifiers when reported by a physician or other qualified health care professional:

Modifiers			
27	73	74	PO

The following modifiers represent services that are funded by a county, state or federal agency, and therefore additional reimbursement for such services would not be appropriate. With the exception of ambulance transport providers which use the modifier SE to report the origin and destination of ambulance transportation, UnitedHealthcare Community Plan will deny codes appended with the following modifiers when reported by any physician or other qualified health care professional.

Modifiers		
SE	HV	HZ
HW	QJ	H9
HX	TR	HU
HY		

State Exceptions	
Arizona	Arizona Medicaid is excluded from modifiers 27, 73 and 74 in the Modifier Section.
Colorado	Colorado Medicaid excludes HCPC codes G8431, G8510, and G8511.
Indiana	Indiana will allow the SL modifier to be appended to appropriate vaccine administration procedure code.
Kentucky	Kentucky Medicaid is excluded from modifier 27 in the Modifier Section.
Missouri	Based on State requirements, G8431 and G8510 are considered reimbursable.
New Jersey	Based on State requirements the following PPP procedure codes and modifiers are considered reimbursable • G9919 & G9920 with modifier 33 • T1019, S5125, S5120, T2003, T2015, T2028, S5165, T2039, S5170, T5999, S5111, T2035, T1999, T2041, T2025, 99199 when billed with modifier SE
New York	Based on State requirements, G8431 and G8510 are considered reimbursable.
Ohio	Based on Medicaid requirements, M and Q codes are allowed based on Ohio MMP reporting and billing requirements.
Tennessee	Tennessee Medicaid to allow 0500F to be reimbursed in addition to 99202-99205 & 99211-99215.
Texas	Texas Medicaid will allow physician reimbursement for G8431 or G8510.
Washington	The following codes are reimbursable with modifiers SE, HV, HZ, and HX: H0001, T1016, H0020, H0004, 96164, 96165, 96167, 96168, 96170, 96171, H0050, H0018, H0019, H0038, H2036, H0010,

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	H0011, H0026, H0025, H0047, H0016, 80305, 80306, 80307, H0003, H0023, 80305, 93000, H0004, 90836, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, S5126

Attachments

Status M and Q Codes	A list of Status M and Status Q Codes

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, Physician Fee Schedule (PFS) Relative Value Files

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

9/6/2026	Policy Version Change State Exceptions: Washington added History Section: Entries prior to 9/6/2024 archived
8/23/2026	Policy Version Change State Exceptions: New Jersey updated History Section: Entries prior to 8/23/2024 archived
6/28/2026	Policy Version Change Attachment Section: Status M and Q Codes List updated History Section: Entries prior to 6/28/2024 archived
6/14/2026	Policy Version Change Attachment Section: Status M and Q Codes List updated History Section: Entries prior to 6/14/2024 archived
5/22/2026	Policy Version Change Policy Section: Modifier SL Removed History Section: Entries prior to 5/22/2024 archived
2/22/2026	Policy Version Change State Exceptions: Missouri added History Section: Entries prior to 2/22/2024 archived
1/18/2026	Policy Version Change Attachment Section: Status M and Q Codes List updated History Section: Entries prior to 1/18/2024 archived
9/21/2025	Policy Version Change State Exceptions: New York updated History Section: Entries prior to 9/21/2023 archived
9/7/2025	Policy Version Change State Exceptions: Missouri Removed History Section: Entries prior to 9/7/2023 archived
7/13/2025	Policy Version Change

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	State Exceptions: California Removed History Section: Entries prior to 7/13/2023 archived
2/23/2025	Policy Version Change Attachment Section: Updated Status M and Q Codes list effective 2/23/2025 History Section: Entries prior to 2/23/2023 archived
1/1/2025	Policy Version Change Attachment Section: Updated Status M and Q Codes list effective 1/1/2025 History Section: Entries prior to 1/1/2023 archived
12/6/2024	Policy Version Change Attachment Section: Updated Status M and Q Codes list effective 1/1/2024
9/1/2014	Policy implemented by UnitedHealthcare Community Plan
4/9/2014	Policy approved by Payment Policy Oversight Committee

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