JOHNS HOPKINS
JOHNS HOPKINS HEALTHCARE

Johns Hopkins HealthCare LLC	Policy Number	RPC.026
Provider Relations and Network Innovation Reimbursement Policy	Effective Date	05/01/2020
,	Review Date	05/11/2023
<u>Subject</u>	Revision Date	05/11/2023
Non-Reimbursable Codes, Professional	Page	1 of 4

This document applies to the following Participating Organizations:

EHP Johns Hopkins Advantage MD Priority Partners US Family Health Plan

**<u>Keywords</u>**: Non coverage, Non Reimbursable Codes, Tricare

Table	e of Contents	Page Number
I.	ABOUT OUR REIMBURSEMENT POLICIES	1
II.	<u>PURPOSE</u>	2
III.	POLICY STATEMENT	2
IV.	NON-REIMBURSABLE CODES PAYMENT METHODOLOGY	2
V.	EXCEPTIONS	2
VI.	EXCLUSIONS	2
VII.	CODES, TERMS and DEFINITIONS	2
VIII.	REFERENCES	3
IX.	REVISION HISTORY	4

## I. ABOUT OUR REIMBURSEMENT POLICIES

The most current version of the reimbursement policies can be found on www.jhhc.com.

Johns Hopkins HealthCare LLC (JHHC) reimbursement policies serve as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHC benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that you will be reimbursed. Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes billed should denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHC reserves the right to request the records. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHC policies apply to all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHC reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows CMS guidelines and the CMS developed National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHC may:

- Reject or deny the claim
- Recover and/or recoup claim payment

<sup>©</sup> Copyright 2023 by The Johns Hopkins Health System Corporation and/or The Johns Hopkins University

	*	Policy Number	RPC.026
	Provider Relations and Network Innovation Reimbursement Policy	Effective Date	05/01/2020
JOHNS HOPKINS  MEDICINE  JOHNS HOPKINS HEALTHCARE	•	Review Date	05/11/2023
	<u>Subject</u>	Revision Date	05/11/2023
	Non-Reimbursable Codes, Professional	Page	2 of 4

JHHC reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these modifications. When there is an update, policies will be published on our website.

## II. PURPOSE

Johns Hopkins HealthCare (JHHC) considers the following to be the provider liability (with <u>no</u> balance billing to JHHC members) unless the code represents a service outlined in the member's benefit coverage statement or the provider has a contractual agreement to the service with rates established.

## III. POLICY STATEMENT

This policy statement memorializes JHHC's existing Policy on this subject matter as applied prior to the Effective Date of this policy statement.

## IV. NON-REIMBURSABLE CODES PAYMENT METHODOLOGY

## A. Maryland Medicaid Professional Fee Schedule

- 1. CPT or HCPCS codes *not* listed on the fee schedules
- 2. CPT or HCPCS codes noted as "N/C" or "N/A" on the fee schedule
- 3. Category II CPT Codes (XXXXF)
- 4. Category III CPT Codes (XXXXT)

## B. Medicare Physician Fee Schedule (MPFS)

- 1. CPT or HCPCS codes *not* listed on the fee schedules
- 2. Category II CPT Codes (XXXXF)
- 3. Category III CPT Codes (XXXXT)
- 4. Status "B", "E", "I", "M", "N", "Q", and "X" codes

## C. TRICARE Fee Schedule

- 1. CPT or HCPCS codes *not* listed on the fee schedules
- 2. CPT or HCPCS codes listed on the No Government Pay Procedure Code List (NGPL)
- 3. Category II CPT Codes (XXXXF)
- 4. Category III CPT Codes (XXXXT)

#### V. EXCEPTIONS

N/A

## VI. EXCLUSIONS

N/A

## VII. CODES, TERMS and DEFINITIONS

**Definition of Terms** 

Term	Definition
------	------------

<sup>©</sup> Copyright 2023 by The Johns Hopkins Health System Corporation and/or The Johns Hopkins University



		version 1.0
Johns Hopkins HealthCare LLC	Policy Number	RPC.026
Provider Relations and Network Innovation Reimbursement Policy	Effective Date	05/01/2020
•	Review Date	05/11/2023
<u>Subject</u>	Revision Date	05/11/2023
Non-Reimbursable Codes, Professional	Page	3 of 4

, ,	These codes are used for performance measurement and to facilitate data collection about the quality of care rendered
	in support of nationally established performance measures.
	These codes are used for emerging technology, services, or procedures.

## MPFS Status Codes

Status	Definition
В	These codes, whether covered services or not, are <i>always bundled</i> into payment for other services they are incident to. If relative value units (RVUs) are shown on the fee schedule, they are <b>not</b> used for payment.
Е	These codes are <i>excluded</i> from the MPFS by regulation.
I	These codes are not valid for Medicare purposes. To prompt payment, another code must be reported.
M	These codes are used for reporting only.
N	These codes are not covered by Medicare.
Q	These codes are used for reporting only.
X	These codes represent items or services <i>not</i> in the statutory definition of "physician services".

## VIII. REFERENCES

This policy has been developed through consideration of the following:

- CMS Physician Fee Schedule
- CPT® Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- Maryland Department of Health
- NCCI for Medicaid | CMS
- NCCI for Medicare | CMS
- TRICARE NGPL
- TRICARE Reimbursement Manual

<sup>©</sup> Copyright 2023 by The Johns Hopkins Health System Corporation and/or The Johns Hopkins University



Johns Hopkins HealthCare LLC	Policy Number	RPC.026
Provider Relations and Network Innovation Reimbursement Policy	Effective Date	05/01/2020
,	Review Date	05/11/2023
<u>Subject</u>	Revision Date	05/11/2023
Non-Reimbursable Codes, Professional	Page	4 of 4

# IX. REVISION HISTORY

Date	Review or Revision	Reason for Modification	Approved By
05/11/2023	Review	Updated policy template and	Reimbursement
		references links	Authorizatins and Coding
			Committee (RAC)