	Johns Hopkins HealthCare LLC Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.026	
		<i>Effective Date</i>	05/01/2020	
		<i>Review Date</i>	05/11/2023	
	<i>Subject</i>	Non-Reimbursable Codes, Professional	<i>Revision Date</i>	05/11/2023
			<i>Page</i>	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 ***no*** 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
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	Johns Hopkins HealthCare LLC Provider Relations and Network Innovation Reimbursement Policy	<i>Policy Number</i>	RPC.026	
		<i>Effective Date</i>	05/01/2020	
		<i>Review Date</i>	05/11/2023	
	<i>Subject</i>	Non-Reimbursable Codes, Professional	<i>Revision Date</i>	05/11/2023
			<i>Page</i>	3 of 4

Category II CPT Codes (XXXXF)	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.
Category III CPT Codes (XXXXT)	These codes are used for emerging technology, services, or procedures.


MPFS Status Codes

Status	Definition
B	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 <i>not</i> used for payment.
E	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](#)

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		<i>Effective Date</i>	05/01/2020
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	<i>Subject</i> Non-Reimbursable Codes, Professional	<i>Revision Date</i>	05/11/2023
		<i>Page</i>	4 of 4

IX. REVISION HISTORY

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