



## CMS Replacement Codes

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Policy Overview

The Centers for Medicare and Medicaid Services (CMS) assign status codes to all codes published on the National Physician Fee Schedule (NPFs). These status codes are documented in the public use file that accompanies the NPFs Relative Value Unit (RVU) file. When specific procedure codes are no longer in use, they are included in the RVU file along with an associated status code.

### Reimbursement Guidelines

According to CMS guidelines, it is imperative to use the correct status codes. If an incorrect status code is utilized, as described in this policy, any claims submitted to Molina Healthcare will be denied, and any erroneously paid claims will be reclaimed.

The following status codes are affected and will not be eligible for payment:

- B = Bundled Code
- E = Excluded from Physician Fee Schedule by regulation
- I = Not valid for Medicare purposes
- M = Measurement codes - Used solely for reporting purposes.
- N = Noncovered service
- P = Bundled/Excluded Codes
- X = Statutory Exclusion
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Please note that affected CPT/HCPCS codes may have been substituted with an alternative code. It is advisable to consult coding guidelines for confirmation of the appropriate code."

### Supplemental Information

#### Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System
NPFs	National Physician Fee Schedule
RVU	Relative Value Unit



## State Exceptions

State	Exception
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## Documentation History

Type	Date	Action
Published		
Revised Date		

## References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Agency:	Reference links:
CMS	<a href="#">CMS-1770-F</a>   <a href="#">CMS</a>
CMS	<a href="#">CMS-1751-F</a>
CMS	<a href="#">CMS-1734-F</a>
CMS	<a href="#">CMS-1715-F</a>
CMS	<a href="#">CMS-1693-F</a>
CMS	<a href="#">CMS-1676-F</a>
CMS	<a href="#">Physician Fee Schedule</a>   <a href="#">CMS</a>