Sources for Coding Determinations

Policy REIMB-012

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Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Description:

The Sources for Coding Determinations will provide guidance as to the process used in determining coverage criteria for specific HCPCS, CPT, Revenue, DRG and similar coding used in submitting claims for medical and behavioral health Services.

Policy Statement and Criteria

1. Commercial Plans:

U of U Health Plans uses multiple resources to create coding and reimbursement coverage determinations. U of U Health Plans uses the following hierarchy in determining its reimbursement coverage policies:

A. American Medical Association (AMA) Current Procedural Terminology (CPT®) Manual and Associated Coding Rules

B. Centers for Medicare and Medicaid Services

C. Physician Specialty Societies

D. AHA coding Clinic

E. Other Expert Sources

Generally, U of U Health Plans will use AMA-CPT and CCI coding rules as the primary source for all coverage determinations. In instances in which AMA-CPT is silent (without guidance) CMS guidelines will be the next source for guidance. If AMA-CPT or CMS do not provide guidance will physician specialty society or other sources be used.

U of U Health Plans may create policies that differ from all of the above sources due to local practice variations or other circumstances. In those instances, the U of U Health Plans Policy will be used to audit and adjudicate claims.

If a state or federal law requires use of a particular coding or reimbursement coverage determination, U of U Health Plans will follow the state or federal law.

2. **Medicaid Plans:**
   Coverage of specific CPT/HCPCs codes is determined by the State of Utah Medicaid program; please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

   If the University of Utah Health Plans wishes to vary from Utah Medicaid guidelines and provide coverage not provided by fee for service Medicaid, the commercial hierarchy of sources will be used in sourcing the coverage variance.

Rationale

CPT, HCPCS and other coding tools such as modifiers are used by providers to submit claims for payment for their services. In many instances, there are no clear rules to providers as to what claims to submit in various circumstances and also what modifiers, units, etc. are appropriate. Additionally, it is important that the University of Utah Health Plan has a reliable, reproducible and defendable approach in coming to logic-based determinations not already clear based on code description or other common sense rules well-known to providers. In determining the hierarchy of sources for coding determination, the plan wishes to be transparent and provide a vehicle for understanding the logic used in rendering its coverage policies that align to standard practice as well as intended coverage based on member policies.

The first source for determining coding set up and claims payment rules is the American Medical Association CPT® Coding Guidelines and their Correct Coding Initiative (CCI). Though this may have a bias toward physician reimbursement, this tool has established rules for when a specific CPT/HCPCS codes and modifiers are to be used and when codes are considered a part of another service and are simply being unbundled. Some coding circumstances may have a great deal of controversy among payers, providers, and/or physician specialty societies, and CMS regarding a specific matter, and in these circumstances, CPT® guidelines may take precedence.

The second source for coding set up determination are the rules established by CMS for coverage. These may include National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs). Additionally, the weighing of physician services, pricing information, payment policy indicators, relative value units (RVUs), and geographic practice code index (GPCI) are established by CMS in the Medicare Physician Fee Schedule (MPFS), and this may have a bearing on coding set up and policy. Medicare also provides its own National Correct Coding Initiative (NCCI) Coding Policy Manual (Coding Policy Manual).

Physician specialty societies, such as the American Academy of Orthopaedic Surgeons (AAOS) and the American Congress of Obstetricians and Gynecologists (ACOG) amongst others will at times provide coding guidance to their members. Though intended to assist in the billing process for their members these sources can also provide guidance and clinical background to coding not provided by other sources. U of U Health Plans will look at what specialty societies state as it relates to CMS and CPT®. If these areas do not agree, then an evaluation of all views will be completed before making a decision.

Lastly, there may be other expert sources include CPT® Assistant, CPT® Changes: An Insider's view, American Hospital Association Coding Clinic, and Optum360° Coders' Desk Reference for Procedures, evidence-based society practice guidelines available which may impact code coverage set up. These will also be considered in determining reimbursement policy when other more authoritative sources are not sufficient to reach a determination.

References:

1. https://www.ama-assn.org/amaone/cpt-current-procedural-terminology
2. https://www.cms.gov/medicare/coding/nationalcorrectcodinited/index.html
3. https://www.cms.gov/medicare/coverage/determinationprocess/
4. https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/