

<b>REIMBURSEMENT POLICY STATEMENT</b> <b>North Carolina Marketplace</b>	
<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Temporary Codes-NC MP-PY-1415	04/01/2024
<b>Policy Type</b>	
<b>REIMBURSEMENT</b>	

provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein.

## A. Subject

### Temporary Codes

## B. Background

Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Temporary codes exist in both CPT and HCPCS manuals and are updated throughout the year. T codes (ie, Category III codes) are temporary CPT codes for emerging technologies, services, and procedures which support data collection to substantiate widespread use and/or provide documentation for the Food and Drug Administration (FDA) approval process. Many of these codes have not been proven medically necessary and are considered to be experimental or investigational based on a lack of peer-reviewed scientific literature. A variety of temporary HCPCS codes exist. Temporary HCPCS codes may be established by the Centers for Medicare and Medicaid Services (CMS) to report drugs, biologicals, devices, and procedures, to identify services and procedures under FDA review, or address miscellaneous services, procedures, and supplies. Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) may develop temporary HCPCS codes to report supplies and other products for which a national code has not yet been developed. Temporary HCPCS codes may also be developed by commercial payers to report drugs, services, and supplies. Coverage of these services is under the discretion of local carriers.

## C. Definitions

NA

## D. Policy

- I. CareSource considers temporary codes medically necessary when **ALL** the following criteria are met:
  - A. Documentation in the medical record supports the use of the code.
  - B. A more specific code is not available to describe the service/procedure.
  - C.
- II. CareSource will use current industry standard procedure codes (HCPCS CPT I and Category II codes) throughout the processing systems. HIPAA Transaction & Code

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



Set Rule requires providers use the procedure code(s) that are valid at the time the service is provided.

III. Providers must use industry standard code sets and must use specific HCPCS CPT I and Category II codes when available unless otherwise directed through the

IV. If specific codes are not available, unlisted codes require plan preauthorization.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	02/01/2023	New policy
<b>Date Revised</b>	01/17/2024	Annual review: updated references, approved at Committee.
<b>Date Effective</b>	04/01/2024	
<b>Date Archived</b>		

H. References

1. American Academy of Professional Coders. What is HCPCS? Accessed January 2, 2024. [www.aapc.com](http://www.aapc.com)
2. *CPT Professional 2024*. American Medical Association; 2024.
3. HCPCS Codes Temporary Codes for Use with Outpatient Prospective Payment System. Accessed January 2, 2024. [www.hcpcs.codes](http://www.hcpcs.codes)
4. Understanding the HIPAA standard transactions: The HIPAA Transactions and Code Set rule. American Medical Association. Accessed January 2, 2024. [www.assets.ama-assn.org](http://www.assets.ama-assn.org)

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