Reimbursement Policy	
Title: T-Status Codes	
Policy Number: RP-P-315X	**Application:** All Medica Members
Last Reviewed: 02/23/2022	**Effective Date:** 03/01/2023
Related Policies:	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica's policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica's monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers' administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
This policy addresses reimbursement of T-Status Codes per the National Physician Fee Schedule (NPFS).

Policy Statement:

Based on the Centers for Medicare and Medicaid (CMS), "There are RVUs and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made."

Consistent with CMS, Medica will only reimburse a T-Status code if it is billed with no other services on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional. If a T-Status code is billed with any other service with status indicators A or R, it will be bundled into that payment regardless of modifiers billed.

Code Lists:
36591 – Collection of blood specimen from a completely implantable venous access device
36592 – Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36598 – Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
94760 – Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761 – Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)

96523 – Irrigation of implanted venous access device for drug delivery systems
G0117 – Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118 – Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

Definitions:
Same Individual Physician or Other Health Care Professional – The same individual physician or other qualified health care provider reporting the same federal tax identification number.

Q & A:
Q: If more than one T-Status code is billed on the same day, are they all reimbursable? **A:** No, Medica will consider reimbursement for the T-Status code with the highest RVU and payment for other T-Status codes will be bundled into that payment.

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	03/01/2023

Revision Updates:	
02/23/2022	New Policy