

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: August 2024

New			
Policy Title	State(s)	Policy summary	Effective Date
Hospital Inclusive Charges Policy, Facility	Colorado District of Columbia Florida Hawaii Massachusetts Maryland Minnesota Michigan Missouri New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin	<ul style="list-style-type: none"> UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services' Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits. Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit, or otherwise bundled within services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare. 	November 01, 2024

<p>Discarded Drugs and Biologicals Policy, Professional and Facility - Reminder</p>	<p>Florida Hawaii Kansas Massachusetts Michigan Missouri Minnesota Mississippi New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas</p>	<ul style="list-style-type: none"> • Effective October 1, 2024, UnitedHealthcare will align with the Centers for Medicare and Medicaid (CMS) requirement for reporting the JZ modifier for a claim to be considered for reimbursement. • In accordance with CMS Medicare Claims Processing Manual Chapter 17 (Section 40) providers and suppliers are required to report the JZ modifier to attest that no amount of drug or biological from a single-dose container or a single-use package was unused or discarded. • The use of the JW modifier will continue to be required when submitting claims for any waste from a single-dose container or single-use package. 	<p>October 01, 2024</p>
<p>Diagnosis Code Requirement Policy, Professional and Facility - Reminder</p>	<p>Indiana Kansas Tennessee</p>	<ul style="list-style-type: none"> • Effective with dates of service May 1, 2024, UnitedHealthcare Community Plan will introduce a comprehensive Diagnosis Code Requirement Policy for both Professional and Facility services. This new policy will integrate the existing ICD-10-CM guidelines covered by the Outpatient Hospital Inappropriate Primary Diagnosis Codes Policy, Facility, and the Inappropriate Primary Diagnosis Codes Policy, Professional. <ul style="list-style-type: none"> ○ Additionally, effective August 1, 2024, the policy will address the Excludes 1 coding within the ICD-10 CM framework. Excludes 1 guidelines denote mutually exclusive codes, representing two conditions that cannot be reported together – such as a congenital form verses an acquired form of the same condition. All providers should align to coding with the Excludes 1 guidelines when submitting claims; however, at this time the application of these guidelines is specifically for Inpatient Claims. • Providers are expected to accurately submit diagnosis codes in alignment with ICD-10-CM requirements. 	<p>August 01, 2024</p>

Telehealth/Virtual Health Policy, Professional - Reminder	Indiana Kansas Tennessee	<ul style="list-style-type: none"> • Effective with dates of service on or after May 1, 2024, UnitedHealthcare Community Plan will enhance the Telehealth/Virtual Health Policy, Professional to include both Facility and Professional Services. This Enhanced Policy (Telehealth/Virtual Health Policy, Professional and Facility) will integrate the existing guidelines covered by the Telehealth/Virtual Policy, Professional. • Additionally, effective August 1, 2024, the policy will address originating site services, HCPCS code Q3014. <ul style="list-style-type: none"> ○ Claim lines submitted for an originating site service with code Q3014 will be considered for reimbursement only if the telehealth distant site provider's claim does not report a place of service (POS) code 10 for the same telehealth encounter. • POS code 10 identifies the patient is receiving telehealth at home so no originating site services would be incurred. 	August 01, 2024
Rebundling Policy, Professional-Reminder	Colorado District of Columbia Florida Maryland Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin	<ul style="list-style-type: none"> • Effective with dates of service on or after September 1, 2024, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. • UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefore G2211 is not separately reimbursable. 	September 01, 2024

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Preventive Medicine and Screening Policy, Professional	New York	<ul style="list-style-type: none"> The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service 08/01/2024 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventative Medicine E/M service on the same day for the same patient by the same provider. The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead. 	November 01, 2024
Anatomical Modifier Requirement Policy, Professional – Reminder	Colorado District of Columbia Florida Hawaii Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Virginia Washington Wisconsin	<ul style="list-style-type: none"> Effective with dates of service on or after October 1, 2024; UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to require the use of appropriate laterality or anatomical modifiers for surgical procedures assigned a bilateral status indicator of 1 on the CMS National Physician Fee Schedule for the claim to be considered for reimbursement. Claim lines not reported with the appropriate laterality or anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) will be denied. 	October 01, 2024

<p>Ambulance Policy, Professional-Reminder</p>	<p>Colorado District of Columbia Florida Hawaii Indiana Massachusetts Maryland Minnesota Michigan Missouri New York North Carolina Rhode Island Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after September 1, 2024, UnitedHealthcare will enhance the new Ambulance Policy, Professional. • In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge. 	<p>September 01, 2024</p>
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Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Viral Hepatitis Serology Testing Policy, Professional	Arizona District of Columbia Florida Hawaii Indiana Kentucky Louisiana Maryland Massachusetts Michigan Minnesota Mississippi Missouri Nebraska New Jersey New York North Carolina Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin	<ul style="list-style-type: none"> Effective August 1, 2024, UnitedHealthcare Community Plan's Viral Hepatitis Serology Testing Policy, Professional will be retired. The policy will continue to apply for any claims processed prior to the policy retirement. Retirement of a reimbursement policy affects only those specific system edits associated with the particular policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement policies, medical policies and claims edits will continue to apply. 	August 01, 2024

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates - Multiple Policies	Multiple	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> Information regarding these code updates can be found in the history section which is located at the end of the posted policy. Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability. Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets. UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates. Check published policy to determine impact at the state level. The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Add-On Codes, Facility Add-On Codes, Professional Age to Diagnosis Code and Procedure Code Policy, Professional Ambulance Services, Professional Anesthesia, Professional Audiologic/Vestibular Function Testing, Professional Bilateral Procedures, Facility Bilateral Procedures, Professional 	August 2024

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Care Plan Oversight, Professional • Contrast & Radiopharmaceutical Materials, Professional • Device, Implant, and Skin Substitute Policy, Facility • Diagnosis Code Requirement Policy, Professional and Facility • Emergency Room Ancillary Services Policy, Facility • From - To Date, Professional • Gender to Procedure and Diagnosis, Professional • Global Days, Professional • Home Health Services, Professional • Injection into TS, CT, TT, Professional • Laboratory Services, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • MPPR for Medical and Surgical Services Policy, Professional • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Observation Services, Facility • Obstetrical Services, Professional • Orthotics (L3000), Professional • Outpatient Hospital Observation Policy, Facility • Pediatric and Neonatal Critical and Intensive Care Services, Professional • PM & R- Speech Therapy, Professional • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Readmission, Facility 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Replacement Codes Policy, Professional • Respiratory Viral Panel Testing, Professional and Facility • Robotic Assisted Surgery, Professional • Sexually Transmitted Infection Testing Policy Professional and Facility • Supply Policy, Professional • Telehealth and Telemedicine Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional • Viral Hepatitis Serology Testing Policy, Professional 	

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT^{®*}), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member’s benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Community Plan Reimbursement Policies is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).