UnitedHealthcare Community Plan

Reimbursement Policy Update Bulletin: July 2024

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
Discarded Drugs and Biologicals Policy, Professional and Facility	Florida Hawaii Kansas Massachusetts Missouri Minnesota Mississippi New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas	• 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.	October 01, 2024

Diagnosis Code Requirement Policy, Professional and Facility	Indiana Kansas Tennessee	• 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. o 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.	August 01, 2024
Telehealth/Virtual Health Policy, Professional	Indiana Kansas Tennessee	• 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. o 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. o POS code 10 identifies the patient is receiving telehealth at home so no originating site services would be incurred.	August 01, 2024

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Preventive Medicine and Screening Policy, Professional-Reminder	Florida Massachusetts New Jersey Tennessee	• 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.	August 01, 2024
Anatomical Modifier Requirement Policy, Professional	Colorado District of Columbia Florida Hawaii Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Virginia Washington Wisconsin	• 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

Rebundling Policy, Professional-Reminder	Colorado District of Columbia Florida Maryland Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin	• 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 therefor G2211 is not separately reimbursable.	September 01, 2024
Professional/Technical Component Policy, Professional	Colorado Florida Massachusetts Minnesota New York North Carolina Virginia	• Effective after October 1, 2024, UnitedHealthcare Community Plan will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service. • The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported on the same date of service as an (E/M) service unless a copy of the radiology report is attached to support separate reimbursement.	October 1, 2024

Ambulance Policy, Professional	Colorado District of Columbia Florida Hawaii Massachusetts Maryland Minnesota Michigan Missouri New York North Carolina Rhode Island Virgina Washington Wisconsin	• Effective for dates of service on or after August 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.	August 01, 2024

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

Reimbursement Policy Code Updates – Multiple Policies	Multiple	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.
		• 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:
		  • Add-On Codes, Professional
		  • Age to Diagnosis Code and Procedure Code Policy, Professional
		  • Ambulance Services, Professional
		  • Assistant-at-Surgery Services, Professional
		  • Bilateral Procedures, Professional
		  • Contrast & Radiopharmaceutical Materials, Professional
		  • Device, Implant, and Skin Substitute Policy, Facility
		  • Diagnosis Code Requirement Policy, Professional and Facility
			July 2024

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Facility Billing • From - To Date, Professional • Global Days, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Reference, Professional • National Drug Code (NDC) Requirement Policy, Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Observation Services, Facility • Outpatient Medical Visits and Trauma Activation Policy, Facility • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Revenue Codes Requiring Procedure Codes, Facility • Services by Residents, Interns and Medical Students Policy, Professional • Supply Policy, Professional • Telehealth and Telemedicine Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Vaccines For Children 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.