

From – To Date Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
<p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. With the exception of Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers, due to their monthly billing requirements unless the code description for the service or supply indicates it should be reported only once daily, this policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.</p> <p>This policy also does not apply to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes reported for time based anesthesia services, codes with a time span in their description, unlisted codes, global maternity codes, drugs, and ambulance mileage.</p>

Policy
<p>Overview</p> <p>When Grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Grouping is allowed only for identical services on consecutive days. In those instances where Grouping of services applies, the number of units submitted should be equally divisible by the number of days indicated in the 'from' and 'to' dates reported.</p>
<p>Reimbursement Guidelines</p> <p>The National Uniform Claim Committee (NUCC) develops and oversees the NUCC Data Set (NUCC-DS), which is a standardized data set for use in an electronic environment, but applicable to and consistent with evolving paper claim form standards. The <i>NUCC 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12</i></p>

provides instruction for the completion of the 1500 Health Insurance Claim form. This manual includes the following instruction for entering the dates of service:

- "If there is only one date of service, enter that date under 'From.' Leave 'To' blank or re-enter 'From' date."
- "If grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in 24G."

The Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual Chapter 26, also states: "When 'from' and 'to' dates are shown for a series of identical services, enter the number of days or units in column G." CMS returns a claim as unprocessable if a date of service extends more than 1 day and a valid "to" date is not present.

Consistent with NUCC and CMS, UnitedHealthcare will only consider reimbursement for claim lines with a 'from' and 'to' date span greater than one day, when the units entered correspond to or are equally divisible by the number of days indicated. Claim lines for which the 'from' and 'to' dates and units do not correspond or are not equally divisible by the number of days indicated, will not be processed. The services will need to be resubmitted on separate claim form lines with the units matching the corresponding from and to dates.

An example of a claim form submission where the service dates cannot be determined and therefore the claim cannot be processed:

Code	Modifier	Units	From Date	To Date
99213		3	2/10/2020	3/19/2020

The claim should be submitted as follows:

Code	Modifier	Units	From Date	To Date
99213		1	2/10/2020	2/10/2020
99213		1	2/25/2020	2/25/2020
99213		1	3/19/2020	3/19/2020

UnitedHealthcare recognizes there are exceptions to this policy based on the uniqueness of some CPT and HCPCS codes reported for services rendered. The following types of services are exempt from this policy:

- Certain CPT® and HCPCS codes, based on their description, are not intended to be reported on consecutive dates of service, but may be appropriate to report with a 'from' and 'to' date. For example, codes whose descriptions say per week, per month, per course of treatment would be considered exceptions to this policy.
- Codes that represent drugs or contrast and radiopharmaceutical imaging materials.
- Global Maternity Codes.
- Time based Anesthesia codes.
- Unlisted codes.

For a complete list of codes exempt from this policy, please refer to the Attachment section below.

As stated in the Application section of this policy, Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers are excluded from this policy unless they report a code that by description indicates it should be reported only once daily. For example, HCPCS code S9328 describes services that would be reported once per day, therefore, units billed should correspond to 'from' and 'to' dates.

Definitions

Grouping	Grouping refers to the reporting of services which share a procedure code, place of service, charge and individual provider. The services must have been provided on consecutive days and the number of days must correspond to the number of units reported in field 24G of the 1500 Health Insurance Claim Form.
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Questions and Answers

1	<p>Q: What fields on the 1500 claim form are you referencing for the "Days or Units" and "From" and "To" date?</p> <p>A: These claim form fields on the 1500 claim form are identified as follows: <u>Paper Claims with CMS Paper Format 02-12:</u> The "From" and "To" dates are entered in 24A DATE(S) OF SERVICE field. "Days or Units" are entered in field 24G DAYS OR UNITS field for each applicable service line. For additional information, refer to the National Uniform Correct Coding (NUCC) Website: http://www.nucc.org/.</p> <p><u>Electronic Claims:</u> Reference the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, electronic claims submitted via the 837 Professional transaction set or the NUCC website, which provides a 1500-837p crosswalk.</p>
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Attachments

From-To Exceptions	A list of codes for services exempt from this policy.
From-To Policy Per Diem Per Day List	A list of services and supplies to be reported only once daily

Resources

<p>American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services</p> <p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets</p> <p>National Uniform Claim Committee (NUCC)</p>
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History

2/18/2024	Policy Version Change Attachments Section: From-To Per Diem Per Day Lists updated History Section: Entries prior to 2/18/2022 archived
1/1/2024	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 1/1/2022 archived
9/24/2023	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 9/24/2021 archived
8/6/2023	Policy Version Change Attachments Section: From-To Policy Exceptions Updated

	History Section: Entries prior to 8/6/2021 archived
6/25/2023	Policy Version Change Logo Updated Attachments Section: From-To Policy Exceptions Updated History Section: Entries prior to 6/25/2021 archived
3/26/2023	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 3/26/2021 archived
1/1/2023	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 1/1/2021 archived
9/25/2022	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 9/25/2020 archived
6/26/2022	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 6/26/2020 archived
4/24/2022	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
4/10/2022	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
3/27/2022	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 3/27/2020 archived
2/27/2022	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
4/15/2010	Policy implemented by UnitedHealthcare Employer & Individual
11/11/2009	Policy approved by the Payment Policy Oversight Committee