

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: November 2022

Updated					
Policy Title	Effective Date	Policy Summary			
Add On Codes Policy, Professional	February 1 st , 2023	 UnitedHealthcare Medicare Advantage will be expanding the "Add on Codes Policy, Professional" to include verbiage related to Microsurgery Technique (CPT code 69990). 			
		 This information is currently located in the "Microsurgery Policy, Professional" which will be retired. 			

Updated					
Policy Title	Effective Date	Policy Summary			
Mohs Micrographic Surgery Policy, Professional	November 1 st , 2022	 UnitedHealthcare has revised the Mohs Micrographic Surgery Policy as follows: The multiple procedure reduction will no longer apply when a Mohs surgical procedure and a separate procedure to repair the wound are performed on the same date of service by different provider primary specialties (as identified by UnitedHealthcare) within the same medical group. Multiple procedure reductions will continue to apply to the same provider performing multiple procedures on the same date of service. 			

Retired					
Policy Title	Effective Date	Policy Summary			
Microsurgery Policy, Professional	February 1 st , 2023	 UnitedHealthcare Medicare Advantage is retiring "Microsurgery Policy, Professional", the reimbursement policy contains verbiage related to CPT Code 69990 for Microsurgery Technique. The verbiage within this policy that is related to CPT Code 69990 will be incorporated into the "Add on Codes 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.



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