Reimbursement Policy Updates

We regularly publish bulletins to explain the latest reimbursement policy and coverage updates for UnitedHealthcare Community Plan. You can find a list of these policies at UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community plan > (click on your state) > Reimbursement Policies.

Important New Policy Updates

<table>
<thead>
<tr>
<th>Policy</th>
<th>Summary of Change</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Intraoperative Neuromonitoring (IONM) (New Policy)</td>
<td>UnitedHealthcare Community Plan is revising the new Intraoperative Neuromonitoring (IONM) reimbursement policy. This revision includes consideration for place of service (POS) 24 in addition to POS 19, 21 and 22 when IONM services represented by procedure codes 95940, 95941 and G0453 are reported by a care provider who is not the surgeon or anesthesiologist. To support quality of care and patient safety, IONM services reported in a POS other than a hospital or ambulatory surgery center will be denied.</td>
<td>Sept. 1, 2018</td>
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<td>Laboratory Services Policy</td>
<td>Currently CPT codes 82947 and 82948 are excluded from the duplicate logic in the policy. This exclusion will be removed and these codes will be subject to duplicate logic in this policy.</td>
<td>Dec. 1, 2018</td>
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Supply Policy

The Supply policy will be revised to make the following changes:
- The Supply Policy Code list will be expanded to include all supply, DME related HCPCS A codes.
- For Supply DME Codes in a Facility Setting, POS 24 (ambulatory surgical center) will be added to the list of applicable places of service. Additional codes for supplies, DME, orthotics and prosthetics that are considered to be included in the payment to the facility or are only reimbursable to a DME supplier will be added. These codes will be denied when submitted on a professional claim.
- The Supply DME Codes in an ASC list will be discontinued and the Supply DME Codes in a Facility Setting code list will apply to claims submitted within POS 24. | Dec. 1, 2018 |

If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate. Thank you.
Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member’s benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form. UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member’s benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there’s an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail.