

Reimbursement Notice for Evaluation and Management Services Performed During Global Obstetrical Care

We're letting you know about an issue with our Obstetrical Services Professional Reimbursement Policy. When it comes to evaluation and management services performed during global obstetrical care, UnitedHealthcare Community Plan allows up to three evaluation and management services in addition to the global obstetrical package, depending on state regulations, when billed with a pregnancy-related diagnosis.

We have not changed our policy. However, we identified that our claims processing software was not aligning the policy edits with the correct number of allowable evaluation and management services billed during global obstetrical care. This resulted in an overpayment on claims when four or more evaluation and management services were billed with a pregnancy-related diagnosis and not appended with a modifier supporting a separately identifiable service.

What we are doing to correct the issue:

- Our claims system was updated on Aug. 11, 2019, to reflect the correct number of allowable obstetrical evaluation and management visits.
- In accordance with the policy, claims for a fourth or subsequent obstetrical evaluation and management service will be denied as included in the global obstetrical service when billed with a pregnancy-related diagnosis and not appended with a supporting modifier.

What this means for you:

- You do not need to take any action to claims previously processed.

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.

Once implemented, the policies may be viewed at UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.