## June 2020

**reimbursement policy update bulletin**

UnitedHealthcare Commercial Reimbursement Policy Updates

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Effective Date</th>
<th>Summary of Policy</th>
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<tbody>
<tr>
<td><strong>UPDATED</strong></td>
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<tr>
<td>Outpatient Hospital Add-on Codes, Facility</td>
<td>9/1/2020</td>
<td>• Effective for dates of service on or after 9/1/2020, the Outpatient Hospital Add-on Codes policy will apply to all network and non-network hospitals. In addition, the policy will apply to all outpatient types of bills that are applicable to these edits with exception of Critical Access Hospitals.</td>
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| CCI Editing, Professional            | 9/1/2020       | • Effective with dates of service on or after 9/1/2020, the CCI Editing policy will be improved to more effectively administer NCCI PTP code pair edits with anatomical modifiers.  
  • This enhancement will require anatomical modifiers on both codes in edits which are applicable to paired body parts. (For a list of anatomical modifiers, see the CCI Editing Policy.)  
  • The existence of the NCCI PTP edit indicates that the two codes generally cannot be reported together unless the two corresponding procedures are performed at two separate patient encounters or two separate anatomic locations.  
  • If modifiers are not reported on both codes, UnitedHealthcare will be unable to determine whether or not the services have been performed at two separate encounters or two separate anatomic locations, and the Column 2 code will therefore be bundled into the Column 1 code. |
| **UPDATED**                          |                |                                                                                                                                                                                                                     |
| Outpatient Hospital CCI Editing, Facility | 9/1/2020       | • Effective with dates of service on or after 9/1/2020, the Outpatient Hospital CCI Editing policy will apply to all network and non-network hospitals. In addition, the policy will apply to all outpatient types of bills that are applicable to these edits with the exception of Critical Access Hospitals. |
| **RETIRED/REPLACED**                 |                |                                                                                                                                                                                                                     |
| RP Title                             |                |                                                                                                                                                                                                                     |
General Information

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.

Policy Update Classifications

New
New clinical coverage criteria and/or documentation review requirements have been adopted for a health service (e.g., test, drug, device or procedure)

Updated
An existing policy has been reviewed and changes have not been made to the clinical coverage criteria or documentation review requirements; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised
An existing policy has been reviewed and revisions have been made to the clinical coverage criteria and/or documentation review requirements

Replaced
An existing policy has been replaced with a new or different policy

Retired
The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy