

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: March 2021

New		
Policy Title	Effective Date	Policy Summary
Outpatient Hospital Inappropriate Primary Diagnosis Policy, Facility*	June 1, 2021	<ul style="list-style-type: none"> <li>The new Outpatient Hospital Inappropriate Primary Diagnosis Policy, Facility will be effective for dates of service on or after 6/1/2021.</li> <li>This new policy will require an appropriate primary diagnosis code as published in the Official International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) guidelines, which is published on the Centers for Medicare and Medicaid (CMS) website.</li> <li>ICD-10-CM specifies when a diagnosis code should never be listed as the primary diagnosis on an outpatient claim.</li> </ul>
Laboratory Services Respiratory Viral Panel Testing Policy, Facility	June 1, 2021	<ul style="list-style-type: none"> <li>The new Laboratory Services Respiratory Viral Panel Testing Policy, Facility, will be effective for dates of service on or after 6/1/2021.</li> <li>Consistent with guidelines included in CMS Local Coverage Determinations, the policy will deny certain multiplex PCR respiratory viral panels of 6 or more pathogens.</li> </ul>
Revised		
Policy Title	Effective Date	Summary of Changes
Laboratory Services Policy, Professional	June 1, 2021	<ul style="list-style-type: none"> <li>Effective with dates of service on or after June 1, 2021, UnitedHealthcare will update the Laboratory Services Policy, Professional.</li> <li>The policy lab panel bundling criteria will require all individual component lab codes to be present, as set forth in CPT.</li> <li>A lab panel code should only be reported if all components of the lab panel are rendered.</li> </ul>

Revised		
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Emergency Department (ED) Professional Evaluation and Management (E/M Coding Policy	TBD	<ul style="list-style-type: none"> <li>The implementation date for the Emergency Department (ED) Professional Evaluation and Management (E/M) Coding policy has been delayed.</li> <li>The policy was focused on professional ED claim submitted with level 5 (99285) E/M code.</li> <li>More implementation information related to timeline and scope will be shared in a future bulletin.</li> <li>Initial communication about the policy was made in the January 2020 Network Bulletin.</li> </ul>

\*This Reimbursement Policy will also be implemented for UnitedHealthcare Oxford Health Plans on the listed effective date.

**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.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > Reimbursement Policies for UnitedHealthcare Commercial Plans.