

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: October 2021

New		
Policy Title	Effective Date	Policy Summary
Services by Unlicensed Residents and Medical Students, Professional*	1/1/2022	<ul style="list-style-type: none"> Effective for claims with dates of service on or after January 1, 2022, consistent with CMS, UnitedHealthcare will not reimburse services rendered by unlicensed medical students as identified by the Healthcare Provider Taxonomy Code reported on the claim. Additionally, claims for services by residents and interns will be considered for reimbursement when billed with the appropriate modifiers to indicate covered services were rendered by a resident and certain interns, as defined by CMS, under the direction of a teaching physician or without the presence of a teaching physician under the primary care exception.
Revised		
Policy Title	Effective Date	Summary of Changes
Telehealth/Telemedicine Policy, Professional*	1/1/2022	<ul style="list-style-type: none"> This policy will have its name changed to “Telehealth/Virtual Health.” In addition, the term virtual health will be added to the policy to encompass all synchronous, asynchronous, and remote physiologic monitoring (RPM) care between health care professionals and patients. This includes telehealth/telemedicine, communication technology-based services (CTBS), e-visits, virtual check-ins, and interprofessional telephone/internet/electronic health record consultations.

Update		
Policy Title	Effective Date	Policy Summary
Provider Based Billing Policy, Professional and Facility*	1/1/2022	<ul style="list-style-type: none"> • UnitedHealthcare previously communicated a new Provider Based Billing Policy, Professional and Facility in the May 2021 Network Bulletin. That policy has been revised and will now be effective for dates of service on or after January 1, 2022. • The revised Provider Based Billing Policy, Professional and Facility now provides the following guidelines: <ul style="list-style-type: none"> ○ UnitedHealthcare will consider for reimbursement services reported with Facility Clinic Services Codes if a professional claim for the same member on the same date of service is reported with POS 19 (Off Campus-Outpatient Hospital) and includes Medical/Surgical Service(s). ○ UnitedHealthcare will consider for reimbursement at the Non-Facility Practice Expense RVU rate those professional claims submitted with POS 19 and only an Office Evaluation and Management (E/M) service. ○ UnitedHealthcare will not reimburse for services reported with Facility Clinic Services Codes if a professional claim for the same member on the same date of service meets one of the following criteria: <ul style="list-style-type: none"> ▪ Submitted with POS 11. ▪ Submitted with POS 19 (Off Campus-Outpatient) and only an Office E/M service. ○ The policy does not apply to the following facility types: <ul style="list-style-type: none"> ▪ Psychiatric, Rehabilitation, Long-Term Care, Children’s and Cancer Hospitals or Hospital Units. ▪ Hospitals located in Maryland, Puerto Rico or the U.S. territories. ▪ Hospitals that are not required to submit quality data (i.e., those that are not Subsection (d) hospitals) ▪ Subpart (d) hospitals that are not paid under the OPPTS (e.g., Indian Health Service hospitals) <p>The policy does not apply to Consultation Services performed in POS 19 (for example, consultations during an observation stay). Please refer to the Consultation Services Policy for guidance on those services.</p>

Update		
Policy Title	Effective Date	Policy Summary
<p>**Status**</p> <p>CCI Editing Policy, Professional</p>	1/1/2022	<ul style="list-style-type: none"> Originally published in the June 2020 Network Bulletin with an effective date of 9/1/2020, this policy enhancement was delayed but will become effective on or after 1/1/2022 dates of service. Effective with dates of service on or after 1/1/2022, the CCI Editing policy will be updated to further administer National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) code pair edits with anatomical modifiers. When CCI edits are applicable to codes representing paired body parts, an anatomical modifier will be required to be reported with both codes, instead of just one code. (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 anatomical modifiers are reported on only one but not both of the applicable codes, UnitedHealthcare will not have enough information to recognize whether both codes are eligible to be reimbursed.

*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 > Policies and Protocols > Commercial Policies > Reimbursement Policies for UnitedHealthcare Commercial Plans.