

UnitedHealthcare Individual and Family Plan Reimbursement Policy Update Bulletin: October 2022

New		
Policy Title	Effective Date	Summary of Changes
Telehealth Policy, Facility	January 1, 2023	<ul style="list-style-type: none"> • The new Telehealth Policy, Facility, will be effective for dates of service on or after January 1, 2023. • UnitedHealthcare will align with CMS by creating a new facility Telehealth policy with correct coding requirements for originating site HCPCS code Q3014, including guidance for submission with appropriate type of bill and revenue code. <ul style="list-style-type: none"> ○ Claims for originating site services must be reported using HCPCS code Q3014 (telehealth originating site facility fee). ○ For facility claim submission of originating site services, code Q3014 must be reported with an appropriate type of bill. ○ According to CMS, Rural Health Clinics and Federally Qualified Health Clinics must use revenue code 078X when billing for the originating site facility fee.

Revised		
Policy Title	Effective Date	Summary of Changes
Services Incident-to a Supervising Health Care Provider and Split or Shared Visits Policy, Professional	January 1, 2023	<p>UnitedHealthcare will align with the 2022 CMS Final Rule revisions made to the submission guidelines for split or shared visits.</p> <p>Highlights of the revisions include:</p> <ul style="list-style-type: none"> • Office or other outpatient evaluation and management services will not be reimbursed as a split or shared visit in an office setting (place of service 11). Split or shared visits only apply to evaluation and management services provided in the facility setting. • Substantive portion criteria, as defined in the Final Rule, apply to split or shared visits and documentation must support the submission. <p>For more detailed information regarding the revisions to split or shared visits, please see the UnitedHealthcare Individual and Family Plan Incident-to a Supervising Health Care Provider and Split or Shared Visits Professional Reimbursement Policy and the CMS Claims Processing Manual, Chapter 12, Section 30.6.18.</p>

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 Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Policies and Protocols > Exchange-Policies > [Exchanges-Reimbursement-Policies](#).

