

## Outpatient Hospital Inappropriate Primary Diagnosis Codes Policy, Facility

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies 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.

This reimbursement policy applies to all health care services billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the facility or other provider contracts, the enrollee's benefit coverage documents\*\*, and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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## Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the UB04 form or its electronic equivalent or its successor form.

## Policy

### Overview

This policy addresses reimbursement guidelines for reporting appropriate International Classification of Diseases (ICD-10-CM), Tenth Revision, Clinical Modification, diagnosis codes which should never be billed as primary on an Outpatient Facility UB04 claim form or its electronic equivalent.

### Reimbursement Guidelines

In accordance with CMS Guidelines UnitedHealthcare Medicare Advantage will utilize the data specifications from the CMS Integrated Outpatient Coding Editor (IOCE) to apply diagnosis coding guidelines that identify codes that should never be billed as Primary Diagnosis codes.

UnitedHealthcare Medicare Advantage will deny claims when a code that is considered an inappropriate diagnosis code based on IOCE coding guidelines is submitted as a primary diagnosis in box 67 on a UB-04 claim form or its electronic equivalent.

## Definitions

Primary Diagnosis	Primary diagnosis is the diagnosis to which the majority of the resources were applied.
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## Questions and Answers

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| <b>1</b> | <p><b>Q: Does this policy apply to Inpatient Hospital claims?</b></p> <p><b>A:</b> No, this policy only applies to outpatient hospital claims. Inpatient hospital claims select the principal diagnosis code based on the Uniform Hospital Discharge Data Set (UHDDS). Inpatient hospital claims report the appropriate ICD-10-CM diagnosis and the ICD-10 PCS procedures codes.</p> |
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## Resources

ICD 10 Guidelines- ICD-10-CM Official Guidelines for Coding and Reporting

Integrated Outpatient Code Editor (IOCE)

Medicare Claims Processing Pub 100-04, Transmittal 11304

## History

7/1/2023	Policy Version Change Policy Application Section: Updated Policy Logo Updated
11/01/2022	Policy Implemented by UnitedHealthcare Medicare Advantage