

Services Included in Facility Reimbursement Policy, Professional

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 CMS 1500 forms. 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 physician or other provider contracts, and/or the enrollee's benefit coverage documents**. 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. Physicians and other health care professionals 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 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all physicians and other qualified health care professionals.

Policy

Overview

Consistent with CMS guidelines, UnitedHealthcare Medicare Advantage will not allow separate reimbursement for Nonphysician services furnished to inpatients. All items and nonphysician services furnished to inpatients must be furnished directly by the hospital or billed through the hospital under arrangements. This provision applies to all hospitals, regardless of whether they are subject to PPS.

Reimbursement Guidelines

CMS follows a Prospective Payment System (PPS) where Medicare payment is based on a predetermined, fixed amount payable to a facility for inpatient or outpatient services. With these payment systems, all costs associated with nonphysician services are deemed included in the payment to the facility and not considered separately reimbursable when reported on a CMS-1500 claim form by a physician or other qualified health care professional.

Nonphysician Services provided to inpatients which must be furnished directly by the hospital or billed through the hospital under arrangements include:

- Perfusionists services reported with CPT codes 99190, 99191 and 99192.
- Services billed in conjunction with perfusionist services (99190, 99191, 99192) reported with CPT codes 86891 and P9022.

In accordance with CMS guidelines UnitedHealthcare Medicare Advantage considers CPT codes 99190, 99191 and 99192 as inpatient only. There is no payment under the OPSS for services that CMS designates to be “inpatient-only” services. These services have an OPSS status indicator of “C” in the OPSS Addendum B and are listed together in Addendum E of each year’s OPSS/ASC final rule. For the most current Addendum B and for Addendum E published with the OPSS notices and regulations, see CMS.gov.

Definitions

Prospective Payment System (PPS)	A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.
Physician/Practitioner	For purposes of this provision, the term “physician” is limited to doctors of medicine; doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed; no other physicians may opt out. Also, for purposes of this provision, the term “practitioner” means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements: <ul style="list-style-type: none"> • Physician assistant; • Nurse practitioner;

	<ul style="list-style-type: none"> • Clinical nurse specialist; • Certified registered nurse anesthetist; • Certified nurse midwife; • Clinical psychologist; • Clinical social worker; • Registered dietitian; or • Nutrition Professional
Perfusionist	A perfusionist , also known as a perfusionist or clinical perfusion scientist, is a healthcare professional who operates the cardiopulmonary bypass machine (heart–lung machine) during cardiac surgery and other surgeries that require cardiopulmonary bypass to manage the patient's physiological status.

Questions and Answers

1	<p>Q: Will UnitedHealthcare Medicare Advantage reimburse 99190, 99191 or 99192 with a place of service 21?</p> <p>A: Consistent with CMS Prospective Payment System global payment methodology UnitedHealthcare will not allow separate reimbursement for these services.</p>
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Resources

www.cms.gov

Addendum E. Final HCPCS Codes that Would Be Paid Only as Inpatient Procedure for 2020.

AMA Current Procedural Terminology (CPT®) manual

Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services: Section 40.4 - Definition of Physician/Practitioner

Medicare Benefit Policy Manual (cms.gov): Section: 40

Medicare Claims Processing Manual Chapter 3 – Inpatient Hospital Billing: Section 10.4

Medicare Claims Processing Manual Chapter 4 – Part B Hospital: Section 180.7

History

5/1/2023	Policy Version Change Logo Updated History section: Entries prior to 5/1/2021 archived
5/1/2022	Policy Version Change Application Section: Updated Resource Section: Updated
5/1/2020	Policy implemented by UnitedHealthcare Medicare Advantage