

## UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: August 2022

New		
Policy Title	Effective Date	Summary of Changes
Outpatient Inappropriate Primary Diagnosis Policy, Facility	November 1 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>UnitedHealthcare Medicare Advantage is creating a new reimbursement policy for “Outpatient Inappropriate Primary Diagnosis” for Facility Claims.</li> <li>The reimbursement policy will be in accordance with ICD-10 CM and IOCE guidelines and 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.</li> <li>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.</li> </ul>
Updated		
Policy Title	Effective Date	Summary of Changes
Reduced Services and Discontinued Procedures	November 1 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>UnitedHealthcare Medicare Advantage will be expanding the “Reduced Services and Discontinued Procedures Policy” to be applicable to professional and facility claims.</li> <li>The policy will include guidelines for discontinued procedures when billed by Outpatient Facilities. Outpatient facilities should bill modifiers 73 or 74 to indicate discontinued procedures were performed.               <ul style="list-style-type: none"> <li>Modifier -73 is used by the facility to indicate that a procedure requiring anesthesia was terminated due to extenuating circumstances or to circumstances that threatened the wellbeing of the patient after the patient had been prepared for the procedure and been taken to the room where the procedure was to be performed, but prior to administration of anesthesia and will be reimbursed at 50%.</li> <li>Modifier -74 is used by the facility to indicate that a procedure requiring anesthesia was terminated after the induction of anesthesia or after the procedure was started (e.g., incision made, intubation started, scope inserted) due to extenuating circumstances or circumstances that threatened the wellbeing of the patient.</li> </ul> </li> <li>Modifier 53 should only be utilized on physician claims, outpatient facility claims appended with modifier 53 will be denied.</li> </ul>

Updated, cont.		
Policy Title	Effective Date	Summary of Changes
Time Span Policy, Professional	November 1 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>• UnitedHealthcare Medicare Advantage will be updating the “Time Span Policy, Professional” to include additional reimbursement guidelines for Transitional Care Management (TCM) procedure codes 99495 and 99496.               <ul style="list-style-type: none"> <li>○ Transitional care management codes are selected based on medical decision making and the date of the first face-to-face visit.</li> <li>○ Only one individual may report these services and only once per patient within 30 days of discharge.</li> </ul> </li> <li>• Another TCM may not be reported by the same individual or group for any subsequent discharge(s) within the 30 days</li> </ul>

Revised		
Policy Title	Effective Date	Summary of Changes
Inappropriate Primary Diagnosis Policy, Facility	September 1 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>• UnitedHealthcare Medicare Advantage is revising the title for the “Inappropriate Primary Diagnosis Policy, Facility”. The policy title will be updated to “Inpatient Unacceptable Principal Diagnosis Policy, Facility”.</li> </ul>

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may 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

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 Medicare Advantage Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).