

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: December 2021

Revised		
Policy Title	Effective Date	Summary of Changes
Mohs Micrographic Surgery Policy, Professional	January 1st, 2022	<ul style="list-style-type: none"> Added clarifying verbiage to the Overview and Reimbursement Guidelines sections. Added new Modifier section with details of NCCI guidelines for modifier use.
Telehealth and Telemedicine Policy, Professional	January 1st, 2022	<ul style="list-style-type: none"> In alignment with the CMS Place of Service (POS) code set, beginning with dates of service on 01/01/2022, UnitedHealthcare Medicare Advantage will consider for reimbursement the new Telehealth POS code 10 (Telehealth Provided in Patient’s Home). UnitedHealthcare Medicare Advantage will continue to reimburse the existing POS code 02 (Telehealth Provided Other than in Patient’s Home). CMS revised the description of POS code 02 and created a new POS code 10 as follows: POS 02: Telehealth Provided Other Than in Patient’s Home – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. POS 10: Telehealth Provided in Patient’s Home – The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

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 > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).