

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: July 2023

Revised		
Policy Title	Effective Date	Summary of Changes
Discarded Drugs and Biologicals Policy, Professional	October 1, 2023,	 Effective with date of service October 1, 2023, UnitedHealthcare Medicare Advantage will align with the Centers for Medicare and Medicaid (CMS) requirement for reporting of modifier JZ. In accordance with CMS Medicare Claims Processing Manual Chapter 17 (Section 40) providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.
New Patient Visit Policy, Professional	August 1st, 2023	 Per CMS guidelines, a "new patient" is a patient who has not received any professional services, i.e., Evaluation and Management (E/M) services or other face-to-face service (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous 3 years by the same individual or group physician. Currently Medicare Advantage New Patient Visit Policy, Professional applies denials to new patient visits when a patient has received an E/M service within the previous 3 years by the same individual or group physician. Effective with date of process 08/23/2023, UnitedHealthcare will expand the policy to better align with CMS to include other face-to-face services (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous 3 years by the same individual or group physician.
Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional	October 1, 2023	 The Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional will be enhanced effective for dates of service on or after October 1, 2023. To align with CMS Transmittal R12013CP, UnitedHealthcare will expand this policy to require that Healthcare Common Procedure Coding System (HCPCS) codes J1811, J1813 or J1817 for insulin furnished through an item of durable medical equipment be appended with modifier JK or JL to indicate a 30- or 90-day supply of insulin to allow for the appropriate coinsurance.

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.