

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: June 2021

Revised		
Policy Title	Effective Date	Summary of Changes
Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional	June 1, 2021	<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage has made two updates to the Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional policy language. <ul style="list-style-type: none"> Place of Service (POS) Codes 31 (Skilled Nursing Facility) and 32 (Nursing Facility) have been removed from the list of POS codes that qualify as the patient's home. These POS codes are covered under Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional. In accordance with Centers for Medicare and Medicaid Services (CMS) informational language in relation to Modifiers RA/RB for replacement/repairs has been added to the policy language.
Chronic Care Management Services	May 1, 2021	<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage previously communicated in the March Network Bulletin that Chronic Care Management Services (CCM) editing would be effective May 1, 2021 to align with CMS claims processing manual and AMA correct coding guidelines. Based on updated CMS sourcing related to CCM services UnitedHealthcare Medicare Advantage will no longer be implementing this editing.
Molecular Pathology Policy	TBD	<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage previously communicated in the March Network Bulletin that effective June 1, 2021 in accordance with CMS guidelines providers would be required to submit claims with an appropriate DEX Z-Code identifier associated with Molecular Pathology Diagnostic Test Services provided. <ul style="list-style-type: none"> The policy will be applicable to both Facility and Professional Claims <ul style="list-style-type: none"> Professional Lab Claims should fill out Loop 2400/SV101-7 for electronic or Box 19 for paper claims. Facility Lab Services should fill out Line SV202-7 for electronic claims or Block 80 for paper claims. The effective date of this policy has been delayed and will not be implemented June 1, 2021. Further communication will be provided prior to the new implementation date.

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.



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