

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: March 2021

New		
Policy Title	Effective Date	Policy Summary
Molecular Pathology Policy	June 1, 2021	<ul style="list-style-type: none"> In accordance with CMS guidelines UnitedHealthcare Medicare Advantage, will require Providers to submit claims with an appropriate unique test identifier associated with the Molecular Diagnostic Test Services provided. <ul style="list-style-type: none"> This policy will apply to both Facility and Professional Claims <ul style="list-style-type: none"> Professional Lab Services 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
Chronic Care Management Services, Editing	May 1, 2021	<ul style="list-style-type: none"> In alignment with the CMS Claims Processing Manual and AMA Correct Coding Guidelines, UnitedHealthcare Medicare Advantage does not allow Chronic Care Management Services to be billed more than once and/or billed with other codes (i.e. care plan oversight procedures) within the same calendar month by the same practitioner.
Updated		
Policy Title	Effective Date	Summary of Changes
New (ED) Professional (E/M) Coding Policy Update	TBD	<ul style="list-style-type: none"> For Medicare Advantage, the implementation date for the Emergency Department (ED) Professional Evaluation and Management (E/M) Coding Policy has been delayed The policy was focused on professional ED claims submitted with level 5 (99285) E/M code More Implementation information related to timeline and scope will be shared in a future bulletin Initial communication about the policy was made in the February 2020 Network Bulletin for UnitedHealthcare Medicare Advantage plans
Revised		
Policy Title	Effective Date	Summary of Changes
N/A		No Revised Policies this Month
Retired		
Policy Title	Effective Date	Summary of Changes
N/A		No Retired Policies this Month



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](#).