



UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: May 2023

New		
Policy Title	Effective Date	Policy Summary
Ordering and Referring Provider NPI CMS Requirement	June 1, 2023	<ul style="list-style-type: none"> Effective with date of service June 1, 2023, UnitedHealthcare Medicare Advantage will align with the Centers for Medicare and Medicaid Services (CMS) requirement that the ordering/referring provider be identified on all claims initiated by orders or referrals. In accordance with CMS Medicare Claims Processing Manual Chapter 1 – General Billing Requirements, all claims billed by Clinical Laboratories, Imaging Centers, DME Suppliers and Home Health Agencies must include the ordering or referring provider name and matching National Provider Identifier (NPI).
Revised		
Policy Title	Effective Date	Summary of Changes
Observation and Discharge Policy Professional	June 1, 2023	<ul style="list-style-type: none"> The Observation and Discharge Policy, Professional and Facility will be revised effective for dates of service on or after 06/01/2023 to align with the 01/01/2023 Observation and Discharge Evaluation and Management (E/M) CPT coding and guideline changes from the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS).
Evaluation and Management (E/M) Policy, Professional	June 1, 2023	<ul style="list-style-type: none"> Effective with date of service 6/1/2023, the reimbursement policy has been revised to align with the Evaluation and Management (E/M) CPT coding and guideline changes from the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS).
Coronary Anatomic Modifier (direct-sourced edit)	August 1, 2023	<ul style="list-style-type: none"> Effective with dates of service on or after August 1st, 2023, UnitedHealthcare will align with the anatomic modifier requirements listed in Wisconsin Physician Services (WPS) Medicare Administrative Contractor (MAC) Local Carrier Article (LCA) A57479 and National Government Services (NGS) Medicare Administrative Contractor (MAC) Local Carrier Article (LCA) A56823. Claims billed within the WPS MAC's jurisdiction (IA, IN, KS, MI, MO, or NE) for Percutaneous Coronary Interventions must include the appropriate modifiers (LC, LMD, LM, RC, and RI) to identify which vessel is undergoing a specific procedure. Claims billed within the NGS MAC's jurisdiction (CT, IL, MA, ME, MN, NH, NY, RI, VT, or WI) for Percutaneous Coronary Interventions must include the appropriate modifiers (LC, LMD, LM, RC, and RI) to identify which vessel is undergoing a specific procedure as well as a valid ICD-10-CM modifier describing the condition for which the service was performed.

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](#).