

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: November 2023

Revised			
Policy Title	Effective Date	Policy Summary	
Once in a Lifetime Procedures Policy, Professional	Originally 10/8/2014; certain updates effective 2/1/2024	 The Once in a Lifetime Procedures Policy, Professional has been effective since 10/8/2014 and applies to professional claims reported on a CMS-1500 claim form. Below is a reminder of the once in a lifetime services policy. The Once in a Lifetime Procedures Policy identifies procedures that because of the Current Procedural Terminology (CPT®) code description and/or human anatomy can be performed by a physician(s) or other health care professional(s) only once in a patient's lifetime. Please refer to the published Once in a Lifetime Procedure Policy, Professional for detailed information. In addition, effective with date of service February 1st, 2024, UnitedHealthcare Medicare Advantage will expand the current policy to align with the Centers for Medicare and Medicaid Services (CMS) requirement that G0438 and G0402 are limited to once per patient per lifetime. 	
Drug Testing Policy, Professional	Informational	 Effective October 1, 2023, CMS issued replacement files for NCCI Procedure to Procedure (PTP) edits withdrawing the edits between Column One codes 80305, 80306, and 80307 for presumptive test(s), and Column Two codes G0480 - G0483, and G0659 for definitive test(s) that were implemented on July 1, 2023. UnitedHealthcare did apply the noted NCCI PTP edits; as such, the provider may have experience denials for these tests impacted after July 1, 2023. Impacted claims are in the process of being adjusted based on the CMS withdrawal announcement. UnitedHealthcare will continue to address presumptive and definitive test(s) in the Drug Testing Policy that is available for review at uhcprovider.com. No updates have been made to the Drug Testing Policy as a result of CMS' July 1, 2023 announcement regarding these edits or its subsequent withdrawal of the edits. 	



Reminder			
Policy Title	Effective Date	Summary of Changes	
Discarded Drugs and Biologicals Policy, Professional	1/1/2017	The Discarded Drugs and Biologicals Policy, Professional was effective 1/1/2017 and applies to professional claims reported on a CMS-1500 claim form.	
		Below is a reminder of the JW modifier submission requirement.	
		 The Discarded Drugs and Biologicals Policy aligns with the Centers for Medicare and Medicaid Services (CMS) requirement that the JW modifier be used to identify unused and discarded amounts of drugs or biologicals from single-dose containers or single-use packages. 	
		 The Discarded drugs are to be reported with the JW modifier on a separate line, the total number of discarded units reported should not include amounts of the drug also included on the administered line due to the rounding up of units. 	
		Please refer to the posted Discarded Drugs and Biologicals, Professional Reimbursement Policy for detailed information.	

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.