

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: September 2021

New		
Policy Title	Effective Date	Policy Summary
Modifiers Not Reimbursable to Healthcare Professionals	December 1 st , 2021	<ul style="list-style-type: none"> In alignment with CMS and AMA, UnitedHealthcare Medicare Advantage is publishing and creating a new policy and editing to disallow modifiers PO, 27, 73 & 74 when billed by Healthcare Professionals. <ul style="list-style-type: none"> This applies to any procedures that are billed on a HCFA 1500 claim form
Molecular Pathology Policy	October 1 st , 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.
Updated		
Policy Title	Effective Date	Summary of Changes
Reduced Services and Discontinued Procedures Policy	October 1 st , 2021	<ul style="list-style-type: none"> The Reduced Services Policy has been renamed Reduced and Discontinued Procedures Policy. The policy will now include UnitedHealthcare Medicare Advantage reimbursement guidelines for procedure codes reported with modifier -53 in addition to those reported with modifier -52. UnitedHealthcare Medicare Advantage standard for reimbursement of Modifier 53 is 50% of the allowable amount for the unmodified procedure.

Revised		
Policy Title	Effective Date	Summary of Changes
Assistant at Surgery Services Policy	September 1st, 2021	<ul style="list-style-type: none"> The policy has been revised to clarify the UnitedHealthcare Medicare Advantage standard reimbursement for assistant-at-surgery services provided by a Health Care Professional other than a Physician (i.e., Physician Assistants (PA), Nurse Practitioners (NP) or Clinical Nurse Specialists (CNS). In accordance with CMS guidelines, UnitedHealthcare Medicare Advantage covered PA assistant-at-surgery services are reimbursed at 80 percent of the lesser of the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule. Since physicians are paid at 16 percent of the surgical payment amount under the Medicare Physician Fee Schedule for assistant-at-surgery services, the actual payment amount that PAs receive for assistant-at-surgery services is 13.6 percent of the amount paid to physicians.

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](#).