

From-To Date Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. With the exception of Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers, due to their monthly billing requirements unless the code description for the service or supply indicates it should be reported only once daily, this policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

This policy also does not apply to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes reported for time based anesthesia services, codes with a time span in their description, unlisted codes, global maternity codes, drugs, and ambulance mileage.

Policy

Overview

When Grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Grouping is allowed only for identical services on consecutive days. In those instances where Grouping of services applies, the number of units submitted should be equally divisible by the number of days indicated in the 'from' and 'to' dates reported.

Reimbursement Guidelines

The National Uniform Claim Committee (NUCC) develops and oversees the NUCC Data Set (NUCC-DS), which is a standardized data set for use in an electronic environment, but applicable to and consistent with evolving paper claim form standards. The *NUCC 1500 Health Insurance Claim Form Reference Instruction Manual For Form Version 02/12* provides instruction for the completion of the 1500 Health Insurance Claim form. This manual includes the following instruction for entering the dates of service:

- "If there is only one date of service, enter that date under 'From.' Leave 'To' blank or re-enter 'From' date."
- "If grouping services, the place of service, procedure code, charges, and individual provider for each line

must be identical for that service line. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in 24G."

The Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual Chapter 26, also states: "When 'from' and 'to' dates are shown for a series of identical services, enter the number of days or units in column G." CMS returns a claim as unprocessable if a date of service extends more than 1 day and a valid "to" date is not present.

Consistent with NUCC and CMS, UnitedHealthcare Community Plan will only consider reimbursement for claim lines with a 'from' and 'to' date span greater than one day, when the units entered correspond to or are equally divisible by the number of days indicated. Claim lines for which the 'from' and 'to' dates and units do not correspond, or are not equally divisible by the number of days indicated, will not be processed. The services will need to be resubmitted on separate claim form lines with the units matching the corresponding from and to dates.

An example of a claim form submission where the service dates cannot be determined and therefore the claim cannot be processed:

Code	Modifier	Units	From Date	To Date
99213		3	2/10/2020	3/19/2020

The claim should be submitted as follows:

Code	Modifier	Units	From Date	To Date
99213		1	2/10/2020	2/10/2020
99213		1	2/25/2020	2/25/2020
99213		1	3/19/2020	3/19/2020

UnitedHealthcare Community Plan recognizes there are exceptions to this policy based on the uniqueness of some CPT and HCPCS codes reported for services rendered. The following types of services are exempt from this policy:

- Certain CPT® and HCPCS codes, based on their description, are not intended to be reported on consecutive dates of service, but may be appropriate to report with a 'from' and 'to' date. For example, codes whose descriptions say per week, per month, per course of treatment would be considered exceptions to this policy.
- Codes that represent drugs or contrast and radiopharmaceutical imaging materials.
- Global Maternity Codes.
- Time based Anesthesia codes.
- Unlisted codes.

From-To Policy Exception List for Long Term Care Lines of Business (LOBs)

96152	96153	97802	97803	A0130	G0151	G0152	G0153	G0155	G0156
G0157	G0158	G0159	G0160	G0161	G0162	G0237	G0238	G0270	G0299
G0300	G0396	G0397	G0406	G0409	G0442	G0443	G0444	G0446	G0447
G0453	H0004	H0018	H0031	H0032	H0034	H0036	H0038	H0039	H0045
H0046	H0050	H2010	H2011	H2012	H2014	H2015	H2017	H2019	H2021
H2023	H2025	H2027	H2028	H2030	H2032	H2033	H2037	S0215	S0265
S0315	S0317	S5100	S5101	S5102	S5108	S5109	S5110	S5115	S5120
S5125	S5130	S5131	S5135	S5136	S5140	S5150	S5151	S5160	S5170
S5180	S5181	S5190	S5199	S8930	S8948	S8950	S9122	S9123	S9124
S9128	S9129	S9131	S9482	S9485	S9977	T1000	T1001	T1002	T1003
T1004	T1005	T1009	T1012	T1013	T1016	T1017	T1019	T1020	T1021

From-To Policy Exception List for Long Term Care Lines of Business (LOBs)

T1023	T1027	T1030	T1031	T1505	T2001	T2003	T2015	T2016	T2017
T2018	T2019	T2020	T2021	T2024	T2025	T2027	T2028	T2029	T2031
T2033	T2036	T2038	T2039	T2040	T2041				

For a complete list of codes exempt from this policy, please refer to the Attachment section below.

As stated in the Application section of this policy, Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers are excluded from this policy unless they report a code that by description indicates it should be reported only once daily. For example, HCPCS code S9328 describes services that would be reported once per day, therefore, units billed should correspond to 'from' and 'to' dates.

From-To Per Diem Per Day Codes

0051U	0054U	0082U	0143U	0144U	0145U	0146U	0147U	0148U	0149U
0150U	0403T	0462T	0463T	0491T	0537T	0540T	33948	33949	64653
77401	80305	80306	80307	85396	94004	95992	96573	96574	97610
99354	99356	99357	99415	G0293	G0294	G0424	G0480	G0481	G0482
G0483	G0659	G9683	H0017	H0018	H0019	H0037	H0040	H0041	H0043
H0045	H2013	H2016	H2018	H2020	H2022	H2024	H2026	H2029	H2031
H2034	H2036	S0201	S0317	S5102	S5105	S5121	S5126	S5131	S5136
S5140	S5145	S5151	S5181	S5497	S5498	S5501	S9056	S9061	S9098
S9125	S9126	S9127	S9128	S9129	S9131	S9326	S9327	S9328	S9330
S9331	S9335	S9336	S9338	S9339	S9340	S9341	S9342	S9343	S9345
S9346	S9347	S9348	S9349	S9351	S9353	S9355	S9357	S9359	S9361
S9363	S9365	S9366	S9367	S9368	S9370	S9374	S9375	S9376	S9377
S9379	S9472	S9473	S9474	S9475	S9476	S9480	S9485	S9490	S9497
S9500	S9501	S9502	S9503	S9504	S9537	S9538	S9542	S9558	S9559
S9560	S9562	S9590	S9900	S9975	T1022	T1025	T1030	T1031	T1040
T2002	T2012	T2014	T2016	T2018	T2020	T2026	T2031	T2033	T2034
T2042	T2044	T2045	T2046	T2048					

State Exceptions

Kansas	Per State Regulations the following codes are exempt from this policy for all Kansas lines of business: <ul style="list-style-type: none"> H2016, S0315, S9485, T1001, T1002, T1004, T1016, T1017, T1019, T1027
New Jersey	Per State Regulations, T2025 is exempt from this policy for all New Jersey Medicaid lines of business.
Ohio	Per OH Regulations, codes H0001, H0005, and H0006 are excluded from this policy.
Texas	Per State Regulations S5151 is exempt from this policy.
Virginia	Per VA State Regulations, G0493, G0494, H0023, H0024, H0025, H0032, H0035, H0036, H0046, and H2012, are exempt from this policy. S9125 is also exempt from this policy when reported with modifiers TD or TE.

Definitions

Grouping	Grouping refers to the reporting of services which share a procedure code, place of service, charge and individual provider. The services must have been provided on consecutive days and the number of days must correspond to the number of units reported in field 24G of the 1500 Health Insurance Claim Form.
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Questions and Answers

1	<p>Q: What fields on the 1500 claim form are you referencing for the "Days or Units" and "From" and "To" date?</p> <p>A: These claim form fields on the 1500 claim form are identified as follows: <u>Paper Claims with CMS Paper Format 02-12:</u> The "From" and "To" dates are entered in 24A DATE(S) OF SERVICE field. "Days or Units" are entered in field 24G DAYS OR UNITS field for each applicable service line. For additional information, refer to the National Uniform Correct Coding (NUCC) Website: http://www.nucc.org/.</p> <p><u>Electronic Claims:</u> Reference the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, electronic claims submitted via the 837 Professional transaction set or the NUCC website, which provides a 1500-837p crosswalk.</p>
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Attachments

 From-To Policy Exceptions List	A list of codes for services exempt from this policy.
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

National Uniform Claim Committee (NUCC)

History

8/29/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
8/8/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
7/25/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
7/11/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List History Section: Entries prior to 6/30/2019 archived
6/27/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
5/17/2021	Policy Version Change Attachments Section: Removed attachment(s) and converted to table(s)
3/28/2021	Policy Version Change Reimbursement Section: Removed reference to other policies Attachments Section: From-To Policy Exceptions List updated History Section: Entries prior to 3/1/2019 archived

2/28/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
1/17/2021	Policy Date and Version Change Attachments Section: From-To Policy Exceptions List
1/1/2021	Policy Version Change Attachments Section: Updated From-To Policy Exceptions and From-To Per Diem Per Day Lists
12/13/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
11/29/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
9/27/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
8/23/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
7/19/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated and From-To Policy Exception List for Long Term Care Lines of Business (LOBs)
6/28/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
5/24/2020	Policy Version Change State Exceptions: KS Updated
4/24/2020	Policy Version Change Reimbursement Guidelines: Removed code descriptions State Exceptions: NM removed
2/23/2020	Policy Version Change Attachments Section: From-To Policy Exception List for Long Term Care Lines of Business (LOBs)
1/1/2020	Policy Version Change Attachments Section: From-To Policy Exceptions List, From-To Policy Exception List for Long Term Care Lines of Business (LOBs) and From To Per Diem Per Day List updated History Section: Entries prior to 1/1/2018 archived.
11/4/2019	Policy Version Change State Exceptions- OH update
11/1/2019	Annual Anniversary Date and Version Change Updated Application Section: Added wording pertaining to Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers referenced in the body of policy. Updated Reimbursement Guidelines: Added "Services" in the Obstetrical Policy reference. History Section: Entries prior to 10/27/2017 archived.
10/6/2019	Policy Version Change Attachments Section: From-To Policy Exception List for Long Term Care Lines of Business (LOBs)
9/29/2019	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
11/22/2010	Policy implemented by UnitedHealthcare Community & State