

December 2020

# reimbursement policy update **bulletin**

UnitedHealthcare Commercial Reimbursement Policy Updates

Policy Title	Effective Date	Summary of Changes
<b>NEW</b>		
Outpatient Rehabilitation Therapy Services Policy, Facility*	3/1/2021	<ul style="list-style-type: none"><li>• The new Outpatient Rehabilitation Therapy Services Policy, Facility will be effective for dates of service on and after 3/1/2021. In accordance with CMS guidelines, the policy will require the following:<ul style="list-style-type: none"><li>○ Outpatient physical therapy (PT), outpatient occupational therapy (OT) and outpatient speech language pathology therapy (ST) must be submitted under the appropriate revenue code.</li><li>○ PT/OT/ST services provided must be submitted with the appropriate service code and must include one of the appropriate therapy modifiers, GN, GO or GP which indicate the specific therapy plan of care.</li><li>○ Always therapy codes are required to be submitted with the appropriate therapy revenue code and include the appropriate therapy modifier.</li></ul></li></ul>
Policy Title	Effective Date	Summary of Policy
<b>UPDATED</b>		
Advanced Practice Health Care Provider Policy, Professional*	3/1/2021	<ul style="list-style-type: none"><li>• The policy is being updated to require that an Advanced Practice Health Care Professional must report services rendered within the scope of their licensure or certification using their own NPI number.</li><li>• Under the policy, services provided by an Advanced Practice Health Care Professional will only be eligible for consideration under the policy's "incident to" guidelines if they are ineligible for their own NPI.</li><li>• Unless otherwise contracted with a Medical Group Non-Physician Professional fee schedule, the policy will apply a reduction, consistent with CMS, of 15% from the applicable fee schedule or allowed amount for the reimbursement of the following Advanced Practice Health Care Professionals: Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists.</li><li>• The prior notice made on 9/1/2020 regarding this policy is withdrawn.</li></ul>
Policy Title	Effective Date	Summary of Changes
<b>UPDATED</b>		
Outpatient Hospital Maximum Frequency Per day	3/1/2021	<ul style="list-style-type: none"><li>• Effective with dates of service on or after March 1, 2021, UnitedHealthcare will update the Outpatient Hospital Maximum Frequency Per Day Policy, Facility.</li><li>• The policy will no longer be limited to type of bill 13X (outpatient hospital) or claims reimbursed at a discount and/or by the fee schedule and will apply to all outpatient hospital claims and contract types.</li></ul>



Policy Title	Effective Date	Summary of Changes
<b>UPDATED</b>		
Evaluation and Management (E/M) Policy, Professional*	1/1/2021	<ul style="list-style-type: none"> <li>Effective with date of service 1/1/2021, the reimbursement policy will be 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).</li> </ul>

\*These reimbursement policies will also be implemented for UnitedHealthcare Oxford Health Plans on the listed effective date.

**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 Commercial Reimbursement Policies is available at [UHCprovider.com](https://UHCprovider.com) > *Policies and Protocols* > *Commercial Policies* > *Reimbursement Policies*.