

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: April 2021

New			
Policy title	State(s)	Policy summary	Effective date
Inappropriate Primary Diagnosis Policy, Facility	Arizona, California, Florida, Hawaii, Maryland, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, Wisconsin	<p>UnitedHealthcare Community Plan is implementing a new Inappropriate Primary Diagnosis Policy, Facility for facility claims. Implementation of this new facility policy will be effective for dates of service on or after June 1, 2021:</p> <ul style="list-style-type: none"> This new policy will deny claims where an inappropriate diagnosis is in box 67 on a UB-04 claim form or its electronic equivalent. ICD-10-CM specifies when a diagnosis code should never be listed as the primary diagnosis on an outpatient claim. When a code on the Inappropriate Primary Diagnosis list is listed as the primary diagnosis on the claim form, the claim will be denied. However, care providers can resubmit corrected claims with the correct Dx coding. <p>The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Official Guidelines for Coding and Reporting, developed through a collaboration of the Centers for Medicare & Medicaid Services (CMS), the National Center for Health Statistics (NCHS) and the Department of Health and Human Services (HHS), provides clear direction on the coding and sequencing of diagnosis codes. Using the ICD-10-CM Official Guidelines for Coding and Reporting, this policy identifies diagnosis codes that should never be billed as primary on an outpatient hospital (UB-04) claim form or its electronic equivalent.</p> <p>You can find these updates at UHCprovider.com/policies > Community Plan Policies > Reimbursement Policies for Community Plan.</p>	<p>June 01, 2021</p> <p>July 01, 2021 For States: New York and Texas</p>

Updated																					
Policy title	State(s)	Summary of changes	Effective date																		
Time Span Policy, Professional and Medically Unlikely Edits Policy, Professional	New York	<p>UnitedHealthcare Community Plan of New York is updating the Time Span Policy and the Medically Unlikely Edits Policy, effective May 1, 2021:</p> <p>These policy enhancements will apply 5-year frequency limits for specified allergy testing codes, in accordance with New York State program requirements.</p> <p>The following allergy testing limits will apply:</p> <table border="0"> <thead> <tr> <th>CPT® code</th> <th>Number of tests eligible for reimbursement in a 5-year period</th> </tr> </thead> <tbody> <tr> <td>○ 95004</td> <td>60</td> </tr> <tr> <td>○ 95017</td> <td>60</td> </tr> <tr> <td>○ 95018</td> <td>60</td> </tr> <tr> <td>○ 95024</td> <td>40</td> </tr> <tr> <td>○ 95027</td> <td>40</td> </tr> <tr> <td>○ 95028</td> <td>40</td> </tr> <tr> <td>○ 95044</td> <td>40</td> </tr> <tr> <td>○ 96003</td> <td>30</td> </tr> </tbody> </table> <p>What this means for you</p> <ul style="list-style-type: none"> • When a code is billed with units exceeding the stated maximum, the units will be denied • This enhancement will be effective starting with dates of service May 1, 2021, and after 	CPT® code	Number of tests eligible for reimbursement in a 5-year period	○ 95004	60	○ 95017	60	○ 95018	60	○ 95024	40	○ 95027	40	○ 95028	40	○ 95044	40	○ 96003	30	May 1, 2021
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Respiratory Viral Panel Testing Policy, Professional and Facility	Arizona, California, Florida, Hawaii, Indiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey,	<ul style="list-style-type: none"> • For dates of service on or after 6/1/2021 the policy will align with CMS Local Coverage Determinations/Articles entitled MoIDX: Multiple Nucleic Acid Amplified Tests for Respiratory Viral Panels (e.g., L37301 and Local Coverage Article for Billing and Coding A57338), wherein multiplex polymerase chain reaction (PCR) respiratory viral panels of 6 or more pathogens are considered non-covered. • Unless required by the state, the following procedure codes will not be reimbursed in any place of service 0115U, 0151U, 0202U, 0223U, 0225U, 87632 and 87633. 	<p>June 1, 2021</p> <p>July 1, 2021 For States: Rhode Island, New York and Texas</p>																		

	New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Wisconsin		
Non-Covered and Covered Codes Policy	New York	<p>New York: Payment Policy Change</p> <p>Effective July 1, 2021, CPT® codes contained in the New York Non-Covered Code Payment Policy will be revised in accordance with the New York State Department of Health Reimbursement Guidelines.</p> <ul style="list-style-type: none"> • UnitedHealthcare Community Plan for Families (Medicaid) • UnitedHealthcare Community Plan Wellness 4 Me (HARP) • UnitedHealthcare Community Plan EPP (EPP) • UnitedHealthcare Community Plan CHIP (CHIP) <p>This update will affect all medical CPT codes.</p> <p>The non-covered code list section clarifies and supplements the UnitedHealthcare Community Plan of New York.</p> <p>For the entire Professional policy, please see Non-Covered and Covered Codes Policy, Professional—Reimbursement Policy—UnitedHealthcare Community Plan</p> <p>For the entire Facility policy, please see Non-Covered and Covered Codes Policy, Facility—Reimbursement Policy—UnitedHealthcare Community Plan</p> <p>Questions? Please visit uhcprovider.com, call your Network Representative directly or call Provider Services for UnitedHealthcare Community Plan at 888-362-3368.</p>	July 1, 2021

Intraoperative Neuromonitoring Policy, Professional	New Jersey	<p>Effective May 1, 2021, we're updating the Intraoperative Neuromonitoring (IONM) Policy, Professional. The following changes will apply to claims processed on and after May 1, 2021:</p> <ul style="list-style-type: none"> • The technical component (modifier TC) of study codes reported with IONM services (95940, 95941 and G0453) in a non-facility POS on the same DOS will be denied. • The professional component (modifier 26) of study codes reported with IONM services (95940, 95941 and G0453) in a non-facility POS on the same DOS will be denied. • Study codes without a TC or 26 modifier reported with IONM services (95940, 95941 and G0453) in any POS on the same DOS will be denied. • To view the applicable codes, please refer to the Intraoperative Neurophysiology section in the American Medical Association CPT manual, beginning with code 95940, and the HCPCS Level II manual, code G0453. • As a reminder, per UnitedHealthcare Community Plan's Replacement Codes policy, IONM code 95941 is not reimbursable. 	May 1, 2021
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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 Community Plan Reimbursement Policies is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).