

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: August 2021

New			
Policy title	State(s)	Policy summary	Effective date
Policy Name Correction - Outpatient Hospital Inappropriate Primary Diagnosis Policy, Facility (instead of Inappropriate Primary Diagnosis Policy, Facility)	New York, Texas	<p>UnitedHealthcare Community Plan is implementing a new Outpatient Hospital Inappropriate Primary Diagnosis Policy, Facility for facility claims. Implementation of this new facility policy is effective for dates of service on or after July 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>	July 01, 2021
Updated			
Policy title	State(s)	Summary of changes	Effective date

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date

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](#).