

*UnitedHealthcare Community Plan*Reimbursement Policy Update Bulletin: August 2022

New			
Policy Title	State(s)	Policy Summary	Effective Date
Sexually Transmitted Infection Testing Policy, Professional and Facility	Rhode Island	This policy addresses reimbursement for Infectious agent detection by nucleic acid (DNA or RNA) assays for the detection of Sexually Transmitted Infections (STI), represented by CPT codes 87491, 87591, 87661, or 87801, and submitted for reimbursement on professional and facility claim forms.	September 1. 2022
Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Age to Diagnosis Code & Procedure Code Policy, Professional	Rhode Island	This policy addresses edits involving diagnosis (ICD10-CM) codes and CPT© codes with age limitations. Age designations are assigned to select World Health Organization (WHO) International Classification of Diseases, Tenth Revision ICD10-CM) codes based on code descriptions or on publications and guidelines from sources such as professional specialty societies, the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) or the AHA (American Hospital Association) Coding Clinic.	September 1, 2022
		 CPT 99385 can be used for members 5 through 11 years of age 	
		 CPT 99395 can be used for members 18 through 20 years of age 	



Ambulance Policy, Professional	Rhode Island	This policy addresses reimbursement related to services included as part of an ambulance transportation service, ambulance modifier usage, provider specialty reporting ambulance services and the requirements for reporting Advanced Life Support, Level 2 (ALS2) ambulance transportation. Exception: Codes A0380, A0390 A0430, A0431, A0432, A0434, A0435 and A0436 are not	September 1, 2022
		 covered services for Rhode Island Medicaid. Codes A0170, A0420, A0998 and A0999 are separately payable for Rhode Island Medicaid. 	
B Bundle Codes Policy, Professional	Rhode Island	This policy addresses UnitedHealthcare Community Plan's edits regarding reimbursement to physicians or other health care professionals for codes which are assigned a status code "B" according to the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File. Exception: Code 90889 is exempt from this policy.	September 1, 2022
Cesarean Delivery Policy, Professional	Rhode Island	This policy addresses reimbursement for elective, non-medically indicated cesarean deliveries. For this policy, UnitedHealthcare Community Plan will use the ICD-10 diagnosis codes list defined by the Joint Commission National Quality Measures that supports cesarean deliveries along with additional diagnosis codes identified by UnitedHealthcare Community Plan medical directors. Exception: Rhode Island is exempt from this policy.	September 1, 2022
Diabetic and Other Orthopedic Shoes Policy, Professional	Rhode Island	This policy addresses circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other qualified health care professionals for orthotics and specialty shoes. Exception: Codes A5512, A5513 and/or A5514 are limited to 3 pairs within the same 12 months	September 1, 2022



Incontinence Supplies Policy, Professional	Rhode Island	This policy addresses circumstances in which UnitedHealthcare Community Plan will reimburse suppliers for incontinence supplies and the maximum amount of supplies that will be reimbursed per month. Exception: • Codes T4534/T4530 can be reimbursed when billed together.	September 1, 2022
National Drug Code (NDC) Requirement Policy, Professional and Facility	Rhode Island	This policy addresses the National Drug Code information that is required on professional drug claims and hospital outpatient facility claims that are reported for reimbursement. National Drug Code (NDC) numbers are the industry standard identifier for drugs and	September 1, 2022
		provide full transparency to the medication administered. The NDC number identifies the manufacturer, drug name, dosage, strength, package size and quantity.	
		For purposes of this policy, a valid NDC number, NDC unit of measure and NDC units dispensed for the drug administered will be required for reimbursement of professional drug claims on a1500	
		Health Insurance Claim Form (a/k/a CMS-1500), the 837-professional transaction, a UB-04 Claim Form or the 837i facility transaction	
		Exception:	
		 Rhode Island Medicaid utilizes a state specific NDC list and has exception to policy for both professional and outpatient facility claims. 	



Telehealth/Virtual Health Policy, Professional	Rhode Island	This policy addresses reimbursement for Telehealth/Telemedicine and virtual health services.	September 1, 2022
		For the purpose of understanding the terms in this policy, Telehealth/Telemedicine and virtual health occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site.	
		Virtual health encompasses all synchronous, asynchronous and Remote Physiologic Monitoring (RPM) care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), Electronic Visit (E-visit), Virtual Check-Ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only includes live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology (synchronous only).	
		The terms Telehealth and Telemedicine are used interchangeably in this policy.	
		 Exception: Rhode Island Medicaid has a state specific list of codes allowed in Telehealth places of service 02 and 10. 	



Unlisted Services Policy, Professional	Rhode Island	This policy addresses reimbursement for unlisted codes. An unlisted code may be submitted for a procedure or service that does not have a valid, more descriptive CPT or HCPCS code assigned. A procedure/service may not have a CPT or HCPCS code if it is new, rare or unusual. The unlisted code must be from the appropriate anatomic section of codes. Documentation is required for all unlisted codes submitted for reimbursement. Documentation is to include, but is not limited to: • Complete description of what the unlisted code is being used for along with: • Procedure report for unlisted surgical/procedure codes or • Invoice for unlisted DME/supply codes NDC #, dose and route of administration for unlisted drug codes Exception: • Documentation and review not needed for codes H0046, H0047, S9446, T5999 and/or V2799.	September 1, 2022
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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 **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan.

