UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: July 2021

New			
Policy title	**State(s)**	**Policy summary**	**Effective date**
Inappropriate Primary Diagnosis Policy, Facility	New York, Texas	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: • 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. 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. You can find these updates at **UHCprovider.com/policies** > Community Plan Policies > Reimbursement Policies for Community Plan.	July 01, 2021

Facility Billing Policy; Provider Reminder	Florida	Inpatient admissions effective 02/01/2021 and after, per Florida State requirements, Providers will follow the directive below when submitting Interim Claims for Inpatient members when the length of stay exceeds 100 days: 1.Providers will bill the first 100 days using: • Type of Bill (TOB) 112 (first interim claim) • Discharge Status should reflect member is still Inpatient • Admission date to current date 2.Providers will bill for additional days after the initial billing using: • TOB 113 (continuing claim) • Discharge status that reflects member is still Inpatient • Admission date to current date • Claims should include billed amounts from previously billed claims through current billing dates • Previously billed claims will be voided and replaced with subsequent claims 3.Providers will bill the Final claim using • TOB 114 (discharge TOB) • Discharge status should reflect member has been discharged • Admission date to discharge date • Claims should include billed amounts from previously billed claims through discharge billing date • Previously billed claims will be voided and replaced with Final claim	February 1, 2021

Appropriate Patient Discharge Status for Type of Bill Policy, Facility; Provider Reminder	Florida	Inpatient admissions effective 02/01/2021 and after, per Florida State requirements, Providers will follow the directive below when submitting Interim Claims for Inpatient members when the length of stay exceeds 100 days: 1.Providers will bill the first 100 days using: •Type of Bill (TOB) 112 (first interim claim) •Discharge Status should reflect member is still Inpatient •Admission date to current date 2.Providers will bill for additional days after the initial billing using: •TOB 113 (continuing claim) •Discharge status that reflects member is still Inpatient •Admission date to current date •Claims should include billed amounts from previously billed claims through current billing dates •Previously billed claims will be voided and replaced with subsequent claims 3.Providers will bill the Final claim using •TOB 114 (discharge TOB) •Discharge status should reflect member has been discharged •Admission date to discharge date •Claims should include billed amounts from previously billed claims through discharge billing date •Previously billed claims will be voided and replaced with Final claim	February 1, 2021

Updated

Policy title	State(s)	Summary of changes	Effective date
Respiratory Viral Panel Testing Policy, Professional and Facility	Rhode Island, New York, Texas	• 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.	July 1, 2021
Non-Covered and Covered Codes Policy	Florida	Non-covered code list updates for June/July 2021 Please review the policy updates @ Non-Covered and Covered Codes Policy, Professional — Reimbursement Policy — UnitedHealthcare Community Plan	July 1, 2021

Non-Covered and Covered Codes Policy	New York	**New York: Payment Policy Change** **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. • UnitedHealthcare Community Plan for Families (Medicaid) • UnitedHealthcare Community Plan Wellness 4 Me (HARP) • UnitedHealthcare Community Plan EPP (EPP) • UnitedHealthcare Community Plan CHIP (CHIP) This update will affect all medical CPT codes. The **non-covered code list** section clarifies and supplements the UnitedHealthcare Community Plan of New York. For the entire Professional policy, please see Non-Covered and Covered Codes Policy, Professional — Reimbursement Policy — UnitedHealthcare Community Plan For the entire Facility policy, please see Non-Covered and Covered Codes Policy, Facility—Reimbursement Policy—UnitedHealthcare Community Plan **Questions?** Please visit uhcprovider.com, call your Network Representative directly or call Provider Services for UnitedHealthcare Community Plan at 888-362-3368.	July 1, 2021

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.