

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: June 2021

New			
Policy title	State(s)	Policy summary	Effective date
Outpatient Hospital Inappropriate Primary Diagnosis Policy, Facility	Arizona, California, Florida, Hawaii, Maryland, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Tennessee, 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
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
Respiratory Viral Panel Testing Policy, Professional and Facility	Arizona, California, Florida, Hawaii, Indiana Maryland, Massachusetts, Michigan, Mississippi,	<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. <p>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>	<p>June 1, 2021</p> <p>July 1, 2021 For States: Rhode Island, New York and Texas</p>

	Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Wisconsin		
Anesthesia Policy	New York	<p>New York Policy Exception Change:</p> <p>Effective 7/1/2021, the following will be effective in the Anesthesia Policy</p> <p>Per state regulations:</p> <p>Administration of a nerve block (either as a component of the anesthesia itself or a postoperative pain management protocol) is considered part of the anesthesia time for surgery. This will not be reimbursed as a separate and distinct procedural service when performed by the same provider (or his/her associate) that has provided the anesthesia for the surgical procedure itself. Post op visits are included in the total value for anesthesia services</p>	July 1, 2021
Durable Medical Equipment, Orthotics and Prosthetics Policy	Arizona, California, Florida, Hawaii, Indiana Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio,	<p>UnitedHealthcare Community Plan is updating its Durable Medical Equipment, Orthotics and Prosthetics Policy, effective with dates of service on or after 09/01/2021.</p> <p>Consistent with the Centers for Medicare & Medicaid Services (CMS) Medicare Claim Processing Manual Chapters 26 (POS) and 20 (CPM):</p> <ul style="list-style-type: none"> • Place of service (POS) codes will be removed from the list of POS codes that qualify as the patient's home: 31 (Skilled Nursing Facility) and 32 (Nursing Facility) • Durable Medical Equipment, Healthcare Common Procedure Coding System (HCPCS) codes billed with POS 31 and/or 32 will not be reimbursable. • Allowance of daily rental will be limited to Continuous Passive Motion devices • Other devices will be allowed in accordance with CMS, Pricing, Data, Analysis and Coding (PDAC) or state requirements 	September 1, 2021

	Pennsylvania, Tennessee, Rhode Island, Texas, Virginia, Wisconsin		
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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](#).