

# UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: October 2021

New			
Policy title	State(s)	Policy summary	Effective date
Telehealth/Virtual Health Policy, Professional	California, Florida, Hawaii, Indiana, Maryland, Massachusetts, Michigan, Missouri, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Virginia, Washington, Wisconsin	<ul style="list-style-type: none"> <li>• Telehealth and Telemedicine Policy, Professional will have its name changed to “Telehealth/Virtual Health, Professional.”</li> <li>• In addition, the term virtual health will be added to the policy to encompass all synchronous, asynchronous, and remote physiologic monitoring (RPM) care between health care professionals and patients. This includes telehealth/telemedicine, communication technology-based services (CTBS), e-visits, virtual check-ins, and interprofessional telephone/internet/electronic health record consultations.</li> </ul>	January 1, 2022

Readmission Policy, Facility	Nebraska	<ul style="list-style-type: none"> <li>When a patient is discharged from an acute care hospital and is readmitted as an inpatient to a facility in the same hospital system within the applicable time frame for the same DRG, the Readmission claim will deny.</li> <li>Exception: <ul style="list-style-type: none"> <li>Planned Readmissions</li> <li>Admission for cancer or chemotherapy treatment as the principal condition</li> <li>Transfusions for chronic anemia</li> <li>Dialysis or similar repetitive treatments</li> </ul> </li> <li>Policy does not apply to Critical Access Hospitals (CAH) or Per Diem Hospitals</li> </ul>	January 1, 2022
Observation Services Policy, Facility	New Jersey	<p>In alignment with the Centers for Medicare and Medicaid Services (CMS) guidelines, effective for dates of service on or after 12/1/2021, UnitedHealthcare Community plan will implement the following changes to the Observation Services Policy for facility claims:</p> <ul style="list-style-type: none"> <li>Observation hours of less than 8 units for HCPCS code G0378 will be denied</li> <li>Observation services must be submitted on the same date of service or the day after one of the following: <ul style="list-style-type: none"> <li>Emergency department visit, clinic visit or critical care</li> </ul> </li> <li>Direct referral for observation care reported with HCPCS code G0379 must be reported on the same date of service as the date reported for observation</li> <li>Code G0379 is not separately reimbursable when a critical care service, clinic service, emergency department visit, or service assigned a status indicator of T or V under the CMS Integrated Outpatient Code Editor (IOCE) is reported on the same date of service</li> <li>Observation services should be reported on a single line, and not be reported with a date span, even when the period of observation spans more than 1 calendar day</li> <li>Observation services should not be reported in addition to procedure codes that are assigned a status indicator J1 or T under the CMS IOCE</li> <li>The policy will continue to deny observation hours in excess of 48 units for HCPCS code G0378.</li> </ul>	December 1, 2021

Services by Unlicensed Residents and Medical Students, Professional	Florida Hawaii Kentucky Maryland, Massachusetts Michigan Minnesota Missouri New York Rhode Island Virginia Washington Washington DC Wisconsin California Indiana North Carolina Ohio Pennsylvania	<ul style="list-style-type: none"> <li>• Effective for claims with dates of service on or after January 1, 2022, consistent with CMS, UnitedHealthcare will not reimburse services rendered by unlicensed medical students as identified by the Healthcare Provider Taxonomy Code reported on the claim.</li> <li>• Additionally, claims for services by residents and interns will be considered for reimbursement when billed with the appropriate modifiers to indicate covered services were rendered by a resident and certain interns, as defined by CMS, under the direction of a teaching physician or without the presence of a teaching physician under the primary care exception.</li> </ul>	January 1, 2022
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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<sup>®\*</sup>), 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](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).



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