

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: September 2021

New			
Policy title	State(s)	Policy summary	Effective date
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, Pennsylvania, Tennessee, Rhode Island, Texas, Virginia, Wisconsin	<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



Telehealth/Virtual Health Policy, Professional	Arizona, California, Florida, Hawaii, Indiana, Kansas, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Rhode Island, Texas, Virginia, Washington, Wisconsin	Telehealth and Telemedicine Policy, Professional will have verbiage update and title change to Telehealth/Virtual Health Policy, Professional, to align with current terminology.	January 1, 2022
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<p>Cesarean Delivery Policy, Professional</p>	<p>Virginia</p>	<p>United Healthcare Community Plan of Virginia will implement a new Cesarean Delivery Policy for claims with dates of service on or after October 1, 2021. The policy will reduce reimbursement for cesarean deliveries performed for claims that do not have a supporting diagnosis code.</p> <p>Claims submitted with a cesarean delivery procedure code must have one of these diagnosis codes or payment will be reduced to the Medicaid allowed rate established for vaginal deliveries. Cesarean delivery procedure codes include 59510, 59514, 59515, 59618, 59620 and 59622.</p> <p>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 delivers. The Joint Commission National Quality Measures diagnosis list is available at: Appendix ATJC (jointcommission.org).</p> <p>We'll also supplement this list with additional diagnosis codes, which will be accessible in the policy at the time of publication.</p>	<p>October 1, 2021</p>
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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](#).



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