UnitedHealthcare Community Plan

Changes to Existing Reimbursement Policies

Retirement of Two Reimbursement Policies-

- Moderate Sedation Policy-Effective Jan. 1, 2017
- Physical Medicine and Rehabilitation: Supervised Modalities Policy- Effective May 20, 2017

Reimbursement Policy Changes — Effective June 1, 2017

Effective for claims with dates of service on or after June 1, 2017, UnitedHealthcare Community Plan will implement revisions made to the following reimbursement policies:

- Procedure to Modifier Policy
- Intensity Modulated Radiation Therapy Policy

Moderate Sedation Policy:

The current UnitedHealthcare Community Plan Moderate Sedation reimbursement policy for will be retired effective Jan. 1, 2017. Per the 2017 CPT book, moderate sedation codes 99143-99145 and 99148-99150 have been deleted and replaced by new CPT codes 99151-99157. Additionally, Appendix G in the 2016 CPT book, which included a list of codes that include moderate sedation, is not included in the 2017 CPT book.

The new moderate sedation CPT codes may be reported separately with the codes formerly listed in Appendix G; therefore UnitedHealthcare Community Plan will no longer maintain a separate reimbursement policy for moderate sedation services. Other existing UnitedHealthcare Community Plan reimbursement policies will continue to apply Centers for Medicare & Medicaid Services (CMS) and/or American Medical Association (AMA) sourced editing to moderate sedation services reported under the new CPT codes.

Physical Medicine & Rehabilitation: Supervised Modalities Policy:

The current UnitedHealthcare Community Plan Physical Medicine & Rehabilitation: Supervised Modalities reimbursement policy will be retired on May 20, 2017. The CPT code listed in the policy will be moved to a reimbursement policy based on the assigned status code indicator on the CMS NPFS Relative Value File.

CPT code 97010 will be addressed by the UnitedHealthcare Community Plan B Bundle reimbursement policy. CPT code 97010 is assigned a status indicator of “B”. Per the public use file that accompanies the NPFS Relative Value File, the following is stated for status code “B”: “Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient)." Consistent with CMS, UnitedHealthcare Community Plan will not separately reimburse for specific codes assigned a status code “B” on the NPFS Relative Value File indicating a bundled procedure.

Procedure to Modifier Policy:

Consistent with the Centers for Medicare & Medicaid Services (CMS), effective for dates of service on or after June 1, 2017, UnitedHealthcare Community Plan will begin requiring biosimilar biological products to include a modifier that identifies the manufacturer of the specific product. This coding edit will be addressed in UnitedHealthcare Community Plan's Procedure to Modifier Policy. The corresponding modifier requirement will be applicable as additional biosimilar procedure codes and/or modifiers are created. Biosimilar drug codes reported without the modifier will be denied. Claims that are denied can be resubmitted with the appropriate modifier.

Additional details and the procedure codes this requirement currently applies to are available on the CMS website at cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/Part-B-Biosimilar-Biological-Product-Payment.html.

Biosimilar HCPCS Code	Product Brand Names	Corresponding Required Modifier
Q5101 - Injection, Filgrastim (G-CSF), Biosimilar, 1 microgram	Zarxio	ZA – Novartis/Sandoz
Q5102 – Injection, infliximab, biosimilar 10 mg	Inflectra	ZB – Pfizer/Hospira

Intensity Modulated Radiation Therapy (IMRT) Policy:

Note: This change will not apply to UnitedHealthcare Community Plan Medicare products. It will apply to Medicaid products.

Effective for claims with dates of service on or after June 1, 2017, UnitedHealthcare Community Plan will enhance the IMRT Policy to further align with the American Society of Therapeutic Radiation Oncology (ASTRO) coding guidelines.

The ASTRO 2016 Radiation Oncology Coding Resource states, "Certain ancillary services performed as part of the development of an IMRT treatment plan are included in the payment for CPT code 77301 and may not be billed separately, regardless if billed on the same or a different date of service. These services include CT imaging for treatment planning (77014), treatment simulations (77280-77290), external beam isodose planning (77295, 77306, and 77307), special teletherapy port plan (77321), special dosimetry (77331) and medical physics consultation (77370)."

The current IMRT policy does not allow reimbursement for an IMRT simulation (CPT codes 77280, 77285, 77290) when performed on the same tumor, regardless if billed on the same or a different date of service as IMRT plan code 77301. The enhanced IMRT policy will not allow reimbursement for radiation therapy services (CPT codes 77014, 77295, 77306, 77307, 77321, 77331, 77370) when performed on the same tumor, regardless if billed on the same or a different date of service as IMRT plan code 77301.

This new policy will apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.