

New Add-On Codes Facility Policy

UnitedHealthcare Community Plan strives to keep our claims processing policy clear and simple by aligning with industry standards. That's why we're launching a new Add-on Codes Facility Policy that aligns with the American Medical Association (AMA) Current Procedural Terminology (CPT) coding conventions, Centers for Medicare and Medicaid Services (CMS) Medicare National Correct Coding Initiative, and the CMS Medicare Outpatient Prospective Payment System. The new policy will apply to dates of service on or after Feb. 1, 2018.

This new Add-on Codes Facility policy will require appropriate primary codes to be submitted with add-on codes for outpatient Medicaid facility claims. This requirement will apply to services reported using the UB-02 Institutional Claim Form or its electronic equivalent or successor form. Any add-on codes submitted without an appropriate primary code will be denied.

The new policy joins our other Add-on Codes Policy, which we implemented in 2006 for claims submitted on a CMS-1500 form. That professional policy included add-on coding requirements as defined within the CPT correct coding guidelines for any care provider reporting services with a CPT code.

Once the new policy has been implemented, you can view it at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

We're Here to Help

If we can answer any questions for you, please contact your Provider Advocate or call the number on your Provider Remittance Advice/Explanation of Benefits.

Important Information 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.

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.