



## Provider Alert

### Reimbursement Notice for Multiple Procedure Reduction Codes

We wanted to let you know about an important issue with our Multiple Procedure Policy. When it comes to multiple endoscopic procedures that are reported on the same day, UnitedHealthcare follows Centers for Medicare and Medicaid Services (CMS) reimbursement guidelines. CMS allows the full allowable amount for the highest valued endoscopy code in the family and allows any additional endoscopy codes in the same family at a reduced amount based on the value of the Endoscopic Base Code. Procedures are reimbursed according to these multiple procedure indicators:

- Multiple Procedure Indicator 2: Standard payment adjustment rules for multiple procedures apply.
- Multiple Procedure Indicator 3: Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family.

We realized that as of Nov. 23, 2017, our claims processing software was not aligning these edits with the correct reimbursement rate for Multiple Procedure Reduction indicator 3 codes. We are temporarily reimbursing those codes at the standard Multiple Procedure Reduction for indicator 2 codes as outlined in our policy. Any claims processed before Nov. 23, 2017 will be reprocessed and reimbursed at the correct rate.

You don't need to take any action if you were affected by this error. Your claims will be processed automatically. Our software should be aligned with the policy by the end of the second quarter 2018.

If you'd like to review this policy, please visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies > Multiple Procedure Policy.

#### 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

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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.

If there's 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.

### **We're Here to Help**

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.