



Provider Alert

New Observation Services Facility Policy

Our new Observation Services Facility Policy for facility claims will go into effect for dates of service on or after May 1, 2018. To help you submit your claims with the right codes, here are the new coding requirements for observation services:

- Per the Centers for Medicare & Medicaid Services (CMS) guidelines, please use codes G0378 and G0379 to report observation services.
- Code G0378 will only be reimbursed when billed with appropriate units.
- If G0378 is billed with less than eight units, the line will be denied as included in the payment for another service.
- If G0378 is billed with more than 72 units, the line will deny for exceeding the current Medically Unlikely Edits (MUE) value.

You can find out more about the policy at UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Reimbursement Policies.

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 UB-04 Institutional Claim form 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.

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.

