



Provider Alert

New Add-On Codes Facility Policy

If you participated with UnitedHealthcare Community Plan in 2006, you may recall when we implemented our Add-on Codes Policy that applied add-on coding requirements to match the CPT® correct coding guidelines. We're now launching an additional add-on codes policy for facilities that affects claims with dates of service on or after Mar. 1, 2018.

The new Add-On Codes Facility Policy will apply add-on code requirements to outpatient Medicaid facility claims. Any claims submitted with add-on codes that don't have an appropriate primary code will be denied. The policy aligns with the AMA CPT coding conventions, Centers for Medicare and Medicaid Services (CMS) Medicare National Correct Coding Initiative and the CMS Medicare Outpatient Prospective Payment System (OPPS).

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-02 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

Doc#: PCA-1-009288-01052017_03052018



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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.