



UnitedHealthcare Community Plan Medicare Claims Processing System Is Being Upgraded

Effective for claims processed on or after May 20, 2017, UnitedHealthcare Community Plan is upgrading our claims processing systems to help ensure your Medicare professional and facility claims are processed efficiently.

The upgrade will affect UnitedHealthcare Community Plan Medicare claims in the following states: Arizona, Delaware, Hawaii, Kansas, Louisiana, Mississippi, New Jersey, New Mexico, New York, Pennsylvania and Tennessee. Other states may be included later as Dual Special Needs Plans (DSNP) and other Medicare product offerings are added.

UnitedHealthcare Community Plan processes Medicare claims according to the Centers for Medicare and Medicaid Services (CMS) coverage guidelines. These guidelines include Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) as well as policies found in CMS manuals like Medicare Benefit Manuals, the Medicare Claim Processing Manual, and the Program Integrity Manual.

To find out more about these coverage and billing guidelines, please see the Medicare Advantage Policy Guidelines at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare [Medicare Advantage Policy Guidelines](#) .

You can also search the Medicare Coverage Database for the Medicare Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) at CMS.gov > Top 5 Resources > [Medicare Coverage Database](#).

For more information on UnitedHealthcare reimbursement policies, please visit: UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Medicare Advantage Reimbursement [Policies](#).

If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice.