UnitedHealthcare Community Plan

Summary of New and Revised Reimbursement Policies for UnitedHealthcare Community Plan

New Reimbursement Policy: Effective Aug. 1, 2016 for non-participating providers and Nov. 1, 2016 for participating providers

The following reimbursement policy will be effective for non-participating provider claims with dates of service on or after Aug. 1, 2016 and for participating provider claims with dates of service on or after Nov. 1, 2016:

- **Clinical Laboratory Improvement Amendments (CLIA) Identification Requirements Reimbursement Policy**

New Reimbursement Policy: Effective Nov. 1, 2016

The following reimbursement policy will be effective for claims with dates of service on or after Nov. 1, 2016:

- **Replacement Codes Policy**

Reimbursement Policy Update: Effective Nov. 1, 2016

Effective Nov. 1, 2016, the name of the following reimbursement policy will be changed:

- **Non-Covered Codes Policy**

Reimbursement Policy Changes: Effective Nov. 12, 2016

Changes to the following reimbursement policy will be effective for claims processed on or after Nov. 12, 2016:

- **Ambulance Policy**

Reimbursement Policy Changes: Effective Dec. 4, 2016

Changes to the following reimbursement policy will be effective for claims processed on or after Dec. 4, 2016:

- **Nonphysician Health Care Professionals Billing Evaluation and Management Codes Policy**

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or supersede them, including, but are not limited to: federal and/or state regulatory requirements, physician or other care 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.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies. 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. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

Overview of New and Revised Reimbursement Policies
for UnitedHealthcare Community Plan

Clinical Laboratory Improvement Amendments (CLIA) Identification Requirements Policy

In alignment with CMS and CLIA requirements, effective Nov. 1, 2016 for participating providers and Aug. 1, 2016 for non-participating providers, UnitedHealthcare Community Plan will implement a new reimbursement policy applicable to all laboratory services submitted on either a CMS 1500 claim form or HIPAA 5010 837 P claim file. The policy requires that all claims for laboratory services include the CLIA number for the servicing care provider. The laboratory servicing provider's physical address also will be required if the address differs from the billing provider's address noted on the claim. The billing or servicing provider's address must match the address associated with the CLIA ID number.

Providers should use the following guidelines to submit their CLIA identification number and servicing provider location information on claims for our members.

Claim Format and Elements	CLIA Number Location Options	Ordering Provider Name/NPI Number Location Options	Servicing Laboratory Physical Location
CMS-1500 (formerly HCFA 1500)	Must be represented in field 23	Submit the ordering provider name and NPI number in fields 17 and 17b, respectively.	Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A, respectively if the address is not the same as the billing provider address. The servicing provider address must match the address associated with the CLIA ID entered in field 23.
HIPAA 5010 837 *Professional*	Must be represented in the 2300 loop, REF02 element	Submit the ordering provider name and NPI number in 2310A loop, NM1 segment.	The physical address of the servicing provider must be represented in the 2310C loop, if not the same as the billing provider address and must match the address associated with the CLIA ID submitted in the 2300 loop, REF02.
HIPAA 5010 837 *Institutional*	Not applicable for institutional claims		Not applicable for institutional claims

CLIA regulatory requirements vary according to the kind of test(s) each laboratory conducts. Tests are categorized as "waived", "moderate complexity" or "high complexity". CLIA requires all lab testing sites to have one of the following CLIA certificates to legally perform clinical lab tests:

- Certificate of Registration
- Certificate for Physician-Performed Microscopy
- Certificate of Waiver
- Certificate of Accreditation
- Certificate of Compliance

Claims for laboratory services may be denied if the CLIA information is missing, invalid or not within the scope of the awarded CLIA Certificate per the CLIA ID number reported on the claim. Reporting of the modifier QW when billing for CLIA "waived" tests may also be required based on the lab's CLIA certification level. Claims denied for missing information may be resubmitted with the required information. For more information regarding CLIA requirements and test complexity categories please visit the CLIA website at http://www.cms.hhs.gov/clia/.

Replacement Codes Policy

Effective for claims with dates of service on or after Nov. 1, 2016, we will implement the Replacement Codes Policy. Consistent with Centers for Medicare and Medicaid Services (CMS) guidelines, UnitedHealthcare Community Plan will deny reimbursement of specific codes assigned an "I" status within the National Physician Fee Schedule (NPFS) where CMS has created replacement Healthcare Common Procedure Coding System (HCPCS) codes for physicians and health care professionals to report in lieu of the "I" status codes. Per CMS guidelines, these codes are not valid for Medicare purposes and are recognized by another code for reporting of and payment for the service provided. The specific "I" status codes and their corresponding replacement codes follow:

I Status Code	Replacement Code
77387	G6001
	G6002
97014	G0281
	G0283

Non-Covered Codes Policy

To better reflect the policy's content, the Non-Covered Codes Policy will be renamed the Professional Non-Covered Codes Policy as of Nov. 1, 2016.

Ambulance Policy

Our Ambulance Policy will be revised to consider reimbursement for an Advanced Life Support Level 2 transport (HCPCS A0433) when certain criteria have been met. According to CMS, Advanced Life Support, Level 2 (ALS2) is the transportation by ground ambulance vehicle and provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and provision of at least one of the following ALS2 procedures:

- Manual defibrillation/cardioversion
- Central venous line
- Chest decompression
- Intraosseous line
- Endotracheal intubation
- Cardiac pacing
- Surgical airway

Based on interpretation of these CMS guidelines, the following CPT codes were developed to identify the services outlined as Criteria 1 or Criteria 2 as follows:

Criteria #1 - Three separate administrations by intravenous push/bolus or continuous infusion

Description of Service	Code
Intravenous push	96374, +96375, +96376
Continuous infusion	96365, +96366, +96367, +96368

Criteria #2 - Provision of at least one of the ALS2 procedures listed below

Description	Code
Manual defibrillation/cardioversion	92960, 92961
Endotracheal intubation	31500
Central venous line	36555, 36556, 36568, 36569
Cardiac pacing	92953
Chest decompression	92950
Surgical airway	31603, 31605
Intraosseous line	36680, 36000

These services are not considered to be part of an ambulance transportation service and can be allowed separately. Effective for claims processed on or after Nov. 12, 2016, UnitedHealthcare Community Plan will only consider reimbursement of an ALS2 transport (HCPCS A0433) when it is reported with services outlined in either Criteria 1 or 2 as defined by CMS. Ambulance transport services that do not include the services described in Criteria 1 or 2 should be reported with a more appropriate ambulance transport code.

Nonphysician Health Care Professionals Billing Evaluation and Management Codes Policy

UnitedHealthcare Community Plan does not currently reimburse E/M (CPT codes 99201-99499) when submitted by specific non-physician health care professionals. According to CMS, E/M services are reimbursable to certain non-physician practitioners, limited to nurse practitioner, clinical nurse specialist, certified nurse midwife, and physician assistant. In accordance with CMS guidelines, we will not reimburse E/M services (CPT 99201-99499) when reported by the following additional non-physician health care professionals:

- Optician
- Doctor of Napropathy
- Acupuncturist
- Surgical Technician
- Massage Therapy
- Doctor of Education/Unknown Non-Physician

These professionals should review CPT and HCPCS national code sets to select a more accurate code that describes the services they are providing.