



Provider Alert

Important Reimbursement Reminder for Duplicate or Repeat Services of Global Test Only Codes

On Sept. 1, 2018, UnitedHealthcare Community Plan will apply new edits to match our reimbursement policy for the reporting of duplicate or repeat services using Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS) codes. To help you code and submit your claims correctly, we've summarized the following policy requirements.

Based on the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File, Professional Component (PC)/Technical Component (TC) Indicators, our policy defines duplicate or repeat services as the following:

- When identical CPT or HCPCS codes assigned a PC/TC indicator 1, 2, 3, 4, 6 or 8 are submitted for the same patient on the same date of service, only one care provider will be reimbursed. This is regardless of the assigned Maximum Frequency per Day (MFD) value.
- If the same care provider reports the same standalone service for the following PC/TC indicators more than once and on separate lines, the second and subsequent service received will not be separately reimbursed. Separate consideration will only be given to those services reported with the appropriate modifier.

NPFS PC/TC	Indicator Description
2	Professional Component Only Codes
3	Technical Component Only Codes
4	Global Test Only Codes

- If a Global Test Only code (PC/TC 4) is reported and the same or different care provider reports a PC/TC 2 and/or PC/TC 3 code that is a component of the Global Test Only code for the same member on the same date of service, we will define it as a duplicate.

To read the policy, please visit UHCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.



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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, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't 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 Administrative Guide or Care Provider Manual. 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.