



Two Place-of-Service (POS) Codes Added to Facility POS Code List in Two Policies

According to the Laboratory Services and the Professional and Technical Components policies 19, 21, 22, 23, 26, 31, 34, 51, 52, 55, 56, 57 or 61 are considered to be facility POS codes. Services that are considered “technical” are included in the reimbursement to the facility and are denied when reported on a professional claim.

UnitedHealthcare Community Plan uses the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Professional Component/Technical Component (PC/TC) indicators 3 (Technical Component Only) and 9 (Not applicable) to identify laboratory services that are not reimbursable to an Independent Laboratory, Reference Laboratory or Non-Reference Laboratory provider in a facility setting.

According to the Professional and Technical Components policy, services that are provided in a facility POS include the following NPFS indicators and are not reimbursable:

- PC/TC Indicator 1 (Diagnostic Test) that is billed with modifier “TC”, or billed globally. Only the professional component is eligible for reimbursement. The technical component is denied.
- PC/TC Indicator 4 (Global Test Only Code)
- PC/TC Indicator 5 (Incident To Code)

Effective for claims with dates of service on or after Oct. 1, 2017, UnitedHealthcare Community Plan will consider the following POS codes as facility:

- 55 (Residential Substance Abuse Treatment Facility)
- 57 (Non-residential Substance Abuse Treatment Facility)

This revision to the facility POS codes list applies to the Laboratory Services and Professional and Technical Components 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 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.