



New Medical Policy and Changes to Reimbursement Policies

New Medical Policy – Effective December 1, 2013

Effective for claims with dates of service on or after Dec. 1, a new medical policy for ocular screening will be implemented as follows:

- Ocular Screening, CPT code 99174, will be denied if the claim is billed without the diagnosis codes listed within the policy. This policy will apply to patients who are ages three years and older.

Changes to Reimbursement Policies – Effective November 16, 2013

Effective for claims processed on or after Nov. 16, the following reimbursement policies will change to align with the Centers for Medicare & Medicaid Services' (CMS) policies:

- Radiology Multiple Imaging Reduction Policy
- Multiple Procedure Policy

Please note that individual state regulations and contract requirements supersede specific policy language.

Radiology Multiple Imaging Reduction Policy

The Radiology Multiple Imaging Reduction Policy (RMIR) will change regarding administering of the technical component reduction for secondary and subsequent diagnostic imaging services when provided on the same member during the same session by the same group practice – which will be identified as all physicians or health care professionals reporting the same federal tax identification number.

Until this change takes effect, UnitedHealthcare Community Plan applies an imaging reduction to the technical component of secondary and subsequent eligible diagnostic imaging services provided to the same patient during the same session by the same physician or health care professional.

Multiple Procedure Policy

The Multiple Procedure Policy will change regarding administering multiple procedure reductions to eligible services provided on the same day and reported by the same group practice – which will be identified as all physicians and other health care professionals with the same federal tax identification number. Services for physicians and non-physicians in the same group practice acting in different capacities (surgeon, co-surgeon, team surgeon and assistant at surgery) will be ranked separately. For

example, all assistant surgeon services will be ranked separately for services reported by the group from those reported by the group serving as the primary surgeon.

Until this change takes effect, UnitedHealthcare Community Plan applies multiple procedure reductions for secondary and subsequent eligible surgical and medical procedures when they are provided on the same day to the same patient by the same physician or health care professional.

Note Regarding Reimbursement Policies

Unless otherwise noted below, these reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or successor form.

Our reimbursement policies do not address all issues related to reimbursement for services provided to UnitedHealthcare Community Plan members, such as the member's benefit plan documents; our medical policies; and the 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 policies, medical policies and claims edits will continue to apply.

Once implemented, the policies are accessible at UHCCommunityPlan.com > Find Plans by State (click on the appropriate state) > If you are a Health Professional > Reimbursement Policies.

If there is an inconsistency or conflict between the information provided here and the posted policy, the posted reimbursement policy prevails. If you have any questions, please contact Provider Service or the number on your Provider Remittance Advice/Explanation of Benefits document.