

Reimbursement Policy Updates

We regularly publish bulletins to explain the latest reimbursement policy and coverage updates for UnitedHealthcare Community Plan. You can find a list of these policies at UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

Important New Policy Updates

Policy	Summary of Change	Effective Date
Vision Screening CCI Editing	<ul style="list-style-type: none"> We're aligning our vision screening services policy with the CMS National Correct Coding Initiative (NCCI) revision. Procedure codes 99173, 99174 and 99177 are reimbursable when reported with preventive medicine evaluation and management services. Modifiers will no longer be required for separate reimbursement of these services. 	July 1, 2018
After Hours and Weekend Care	<ul style="list-style-type: none"> Primary care practices with additional hours provide a convenient way for members to see their own PCPs. Code 99051 will be allowed when billed with acute care services by primary care providers (PCPs.) 	Aug. 1, 2018
Professional and Technical Component Policy for Duplicate or Repeat Services of Global Test Only	<ul style="list-style-type: none"> Only one care provider will be reimbursed when duplicate or repeat services are reported. These services are defined as identical CPT® or HCPCS codes assigned a Professional Component (PC) or Technical Component (TC) indicator of 1, 2, 3, 4, 6 or 8 and are submitted for the same patient on the same date of service. When the same care provider reports standalone service (PC/TC 2, 3 or 4) more than once on the same date of service, the second and subsequent services will not be separately reimbursed. When a Global Test Only code (PC/TC 4) is reported and the same or different care provider reports a PC/TC 2 and/or a PC/TC 3 code that's a component of the Global Test Only code, the PC/TC 2 and/or PC/TC 3 code will not be separately reimbursed. 	Sept. 1, 2018
Intraoperative Neuromonitoring (IONM)	<ul style="list-style-type: none"> This new policy is based on guidance from the American Academy of Neurology (AAN) and the Centers for Medicare & Medicaid Services (CMS). Separate reimbursement for IONM services represented by CPT codes 95940, 95941 and G0453 will only be considered for reimbursement when performed in an inpatient or outpatient hospital place of service (POS) 19, 21 or 22 when provided by a care provider who is not the surgeon or anesthesiologist. To support quality of care and patient safety, IONM services reported in a POS other than a hospital will be denied, according to AAN guidance. 	Sept. 1, 2018

If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate. Thank you.

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.

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.