



New Reimbursement Policy and Changes to Existing Reimbursement Policy

Alert: Previous communications related to reimbursement policy were posted in both the Reimbursement Policy and Bulletins sections of the Community Plan Portal. This note is to inform providers that future communications will only be posted in the Bulletins section of the Community Plan Portal under the Payment Policy Notifications header.

New Reimbursement Policy— Effective August 22, 2015

Effective for claims processed on or after August 22, 2015, UnitedHealthcare Community Plan will implement the following new reimbursement policy for Medicare Dual Special Needs Plan (DSNP):

- Procedure to Place of Service Policy

Procedure to Place of Service Policy:

Effective for claims processed on or after August 22, 2015, UnitedHealthcare Community Plan will implement a new policy for the Medicare DSNP products where reimbursement will not be made for services that are reported in places of service that are considered inappropriate based on the code's description. This new policy is supported by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA).

Reimbursement Policy Changes — Effective August 22, 2015 (May 16, 2015 for Medicare DSNP)

Effective for claims processed on or after August 22, 2015, (May 16, 2015 for Medicare DSNP) UnitedHealthcare Community Plan will implement revisions made to the following reimbursement policy:

- Laboratory Services Policy

Laboratory Services Policy:

The American Medical Association recently added new codes within the Pathology and Laboratory section of CPT codes 80300-80377. To align with the Centers for Medicare & Medicaid Services (CMS) guidance on the reporting of drugs of abuse testing, UnitedHealthcare Community Plan will no longer reimburse CPT 80300-80377 until more definitive direction is received from CMS on how these codes should be paid.

For more information on the reporting of these codes, please refer to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/CY2015-CLFS-Codes-Final-Determinations.pdf>

These changes will be effective for UnitedHealthcare Community Plan Medicare Dual Special Needs Plan claims processed on or after May 16, 2015 and for UnitedHealthcare Community Plan Medicaid products they will be effective with claims processed on or after August 22, 2015.

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 UHCCCommunityPlan.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.