



## **New Reimbursement Policies and Changes to Existing Reimbursement Policy**

### **Reimbursement Policy Changes — Effective Aug. 23, 2014**

Effective for claims processed on or after Aug. 23, 2014, we will make changes to the following reimbursement policy for all Medicaid and Medicare products:

- **Supply Policy:** Denial of supplies reported with anesthesia services

### **New Reimbursement Policies — Effective Sept. 1, 2014**

Effective for claims processed on or after Sept. 1, 2014, we will implement the following reimbursement policy for all Medicaid and Medicare products:

- **Inappropriate Primary Diagnosis Codes Policy**

Effective for dates of services on or after Sept. 1, 2014, we will implement the following reimbursement policies for all Medicaid and Medicare products:

- **Ambulance Services Policy**
- **Codes Not Intended for Reimbursement to Health Care Professionals**

#### **Supply Policy:**

UnitedHealthcare Community Plan denies certain Healthcare Common Procedure Coding System (HCPCS) supply codes that are considered as incorporated into the practice expense relative value unit reported on the same day as an evaluation and management service and/or procedure in a physician or health care professional's office. This is consistent with the Centers for Medicare & Medicaid Services (CMS). To further align with CMS, UnitedHealthcare Community Plan will revise the Supply Policy to deny supply codes when reported with anesthesia services – Current Procedural Terminology (CPT) codes 00100-01999 – provided in an office place of service (POS) on a CMS-1500 form.

#### **Inappropriate Primary Diagnosis Codes Policy:**

UnitedHealthcare Community Plan will implement a new policy addressing reimbursement for services reported with a code that is inappropriate as the primary diagnosis. Claims with specific "E" ICD-9 diagnosis codes listed as the primary diagnosis will be denied. The policy is supported by CMS, the National Center for Health Statistics, and the U.S. Department of Health and Human Services.

## **Ambulance Services Policy:**

UnitedHealthcare Community Plan will implement a new policy denying reimbursement of supplies when reported with an ambulance transport service by in-network ambulance service providers. Oxygen, drugs, extra attendants, supplies, electrocardiogram (EKG) and night shift differential are not paid separately for ambulance services, as supported by CMS; these supplies are included as part of the ambulance fee schedule.

Also in accordance with CMS, UnitedHealthcare Community Plan will deny ambulance transport services reported without a valid origin and destination modifier by in-network and non-network ambulance service providers. Additionally, UnitedHealthcare Community Plan will only reimburse ambulance services (HCPCS codes A0021-A0999) when reported by providers with the primary specialty designation of ambulance provider or supplier.

## **Codes Not Intended for Reimbursement to Health Care Professionals:**

UnitedHealthcare Community Plan will implement a new policy supported by CMS and the American Medical Association. UnitedHealthcare Community Plan will deny codes reported on a CMS-1500 form that are designated "for reporting purposes only" and have the designation of Status M or Status Q on the CMS National Physician Fee Schedule (NPFS) Relative Value File.

The CMS NPFS Relative Value File is available for download at [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html).

## **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](http://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.