



## Changes to Existing Reimbursement Policies

### New POS 19 and Revision to Place of Service (POS) 22

The Centers for Medicare and Medicaid Services (CMS) has created a new POS 19 and has revised the description of POS 22 to facilitate the gathering of data when services are provided off campus. Changes to the CMS POS Code Set will be effective for dates of service on and after January 1, 2016.

#### **POS 19: Off Campus-Outpatient Hospital**

Descriptor: A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

#### **POS 22: On Campus-Outpatient Hospital**

Descriptor: A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

For UnitedHealthcare Community Plan Reimbursement Policies that address POS 22, the new POS 19 will be added as part of our annual maintenance updates.

For additional information, please refer to the MLN Matters article MM9231 located at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9231.pdf>

### Telemedicine Policy Changes — Effective February 13, 2016

Effective for claims processed on or after February 13, 2016, UnitedHealthcare Community Plan will consider reimbursement for telehealth services submitted with modifier GQ (via asynchronous telecommunications system) when the procedure/modifier combination is determined to be in accordance with the Procedure to Modifier Policy.

#### **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](http://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.