Reporting Obstetrical Procedure Codes with Date Spans

To comply with the requirement to use ICD-10-CM diagnosis codes for services provided on or after October 1, 2015, UnitedHealthcare Community Plan will follow guidance from the Centers for Medicare and Medicaid Services (CMS) in using the ICD code set that is in effect for the date of service in the “from date” field when a date span is reported for obstetrical services. The CMS guidance can be located at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf

The global obstetrical and antepartum care only codes should be reported as follows:

Please refer to the UnitedHealthcare Community Plan Obstetrical Services Policy located under the Reimbursement Policies section on www.uhccommunityplan.com for any state exceptions.

- A single claim submission of a global obstetrical or antepartum care only code.
- Units reported should be one.
- Dates reported should either be a single date of service or a date range. For example, if the patient had a total of 4-6 antepartum visits, then CPT code 59425 with the "from and to" dates for which the services occurred should be reported.
- Diagnosis should be reported using the ICD code set in effect on the date of service in the “from date” field. For example, if the date in the “from date” field is on or before Sept. 30, 2015, use the ICD-9-CM code, regardless of the “to date”. If the date in the “from date” field is on or after Oct. 1, 2015, use the ICD-10-CM code.

For additional guidance on when to itemize obstetrical services, please refer to the Obstetrical Services Policy at the location noted above.

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 > 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.