

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: July 2024

New		
Policy Title	Effective Date	Policy Summary
Professional/Technical Component Policy, Professional	October 1, 2024	<ul style="list-style-type: none"> <li>Effective after October 1, 2024, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service.</li> <li>The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported on the same date of service as an E/M service unless a copy of the radiology report is attached to support separate reimbursement.</li> </ul>
Home Health Services Policy, Professional Reminder	July 1, 2024	<ul style="list-style-type: none"> <li>Effective for dates of service on or after July 1, 2024, UnitedHealthcare will implement the new Home Health Services Policy, Professional</li> <li>In alignment with CMS, home health services billed in place of service 12 will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.</li> </ul>

Revised		
Policy Title	Effective Date	Summary of Changes
Home Health Services Policy, Professional Reminder	August 1, 2024	<ul style="list-style-type: none"> <li>Effective for dates of service on or after August 1, 2024, UnitedHealthcare will enhance the Home Health Services Policy, Professional. This enhancement addresses the following PT/OT/ST and Nursing home health HCPCS with a CMS Status Indicator of E, I or X:               <ul style="list-style-type: none"> <li>G0151 - G0162, S9122 - S9129, S9131, S9152</li> </ul> </li> <li>These HCPCS codes will not be considered for reimbursement when submitted by physicians and physician groups.</li> <li>These HCPCS codes will be considered for reimbursement when appropriately submitted by home health providers.</li> </ul>
Ambulance Policy, Professional Reminder	September 1, 2024	<ul style="list-style-type: none"> <li>Effective for dates of service on or after September 1, 2024, UnitedHealthcare will enhance the Ambulance Policy, Professional.</li> <li>In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay.</li> <li>The date span criteria will exclude the date of admission and discharge.</li> </ul>
Rebundling Policy, Professional	September 1, 2024	<ul style="list-style-type: none"> <li>Effective with dates of service on or after September 1, 2024, HCPCS code G2211 will be included within the UnitedHealthcare Commercial Rebundling Policy, Professional.</li> </ul>

Revised		
Policy Title	Effective Date	Summary of Changes
Reminder		<ul style="list-style-type: none"> <li>UnitedHealthcare's reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefore G2211 is not separately reimbursable.</li> </ul>

Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Add-On Codes, Professional</li> <li>Ambulance Services, Professional</li> <li>Maximum Frequency per Day CPT, Professional</li> <li>National Drug Code (NDC) Requirement Policy, Professional and Facility</li> <li>Obstetrical Services, Professional</li> </ul> </li> <li>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.</li> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.</li> </ul>

**Note:** The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Resources > Plans, Policies, Protocols and Guides > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).