

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: December 2024

New																																																											
Policy Title	Effective Date	Policy Summary																																																									
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility – Reminder	February 1, 2025	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2025, UnitedHealthcare will implement the new Radiation Therapy - Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement. 																																																									
		<table border="1"> <thead> <tr> <th>Procedure Code</th> <th>Reimbursable Units</th> <th>Description</th> <th>Treatment Description</th> </tr> </thead> <tbody> <tr> <td>77280</td> <td>4</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE</td> <td>Simulation</td> </tr> <tr> <td>77285</td> <td>2</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED</td> <td>Simulation</td> </tr> <tr> <td>77290</td> <td>3</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX</td> <td>Simulation</td> </tr> <tr> <td>77295</td> <td>2</td> <td>3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS</td> <td>3-D Radiotherapy</td> </tr> <tr> <td>77300</td> <td>10</td> <td>BASIC RADIATION DOSIMETRY CALCULATION</td> <td>Basic Dosimetry</td> </tr> <tr> <td>77301</td> <td>5</td> <td>NTSTY MODUL RAD THX PLAN DOSE-VOL HISTOS</td> <td>IMRT Dose Planning</td> </tr> <tr> <td>77332</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION SIMPLE</td> <td>Treatment Devices</td> </tr> <tr> <td>77333</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE</td> <td>Treatment Devices</td> </tr> <tr> <td>77334</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION COMPLEX</td> <td>Treatment Devices</td> </tr> <tr> <td>77338</td> <td>5</td> <td>MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN</td> <td>MLT Device for IMRT</td> </tr> <tr> <td>77427</td> <td>9</td> <td>RADIATION TREATMENT MANAGEMENT 5 TREATMENTS-3D IMRT</td> <td>Radiation Therapy Treatment Management</td> </tr> <tr> <td>77431</td> <td>1</td> <td>RT MGMT WITH COMPLETE COURSE OF THERAPY</td> <td>Radiation Therapy Treatment Management</td> </tr> <tr> <td>77435</td> <td>1</td> <td>STEROTACTIC BODY RADIATION MANAGEMENT</td> <td>Radiation Therapy Treatment Management</td> </tr> </tbody> </table>		Procedure Code	Reimbursable Units	Description	Treatment Description	77280	4	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Simulation	77285	2	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Simulation	77290	3	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Simulation	77295	2	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	3-D Radiotherapy	77300	10	BASIC RADIATION DOSIMETRY CALCULATION	Basic Dosimetry	77301	5	NTSTY MODUL RAD THX PLAN DOSE-VOL HISTOS	IMRT Dose Planning	77332	10	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	Treatment Devices	77333	10	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	Treatment Devices	77334	10	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Treatment Devices	77338	5	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	MLT Device for IMRT	77427	9	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS-3D IMRT	Radiation Therapy Treatment Management	77431	1	RT MGMT WITH COMPLETE COURSE OF THERAPY	Radiation Therapy Treatment Management	77435	1	STEROTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy Treatment Management
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		<ul style="list-style-type: none"> • These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself. • A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262 and 77263) are billed. A new episode of care begins again if a radiology treatment planning code is submitted before the previous 90-day episode of care ends.
Revised		
Policy Title	Effective Date	Summary of Changes
CCI Editing Policy, Professional and Outpatient Hospital CCI Editing Policy, Facility – Reminder	February 1, 2025	<ul style="list-style-type: none"> • Effective for dates of service on or after Feb 1, 2025, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing Policy, Professional and Outpatient Hospital CCI Editing Policy, Facility to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with the CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit, code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions (which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI Manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> ○ 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) ○ 29828 (Arthroscopy, shoulder, surgical; biceps tenodesis)
Molecular Pathology Policy, Professional and Facility Reminder	February 1, 2025	<ul style="list-style-type: none"> • Effective with dates of service on or after February 1, 2025, UnitedHealthcare will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility.

Revised		
Policy Title	Effective Date	Summary of Changes
		<ul style="list-style-type: none"> The policy will no longer require the submission of a unique test ID obtained through the Genetic Test Registry (GTR). The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. The registry can be found on www.dexzcodes.com. Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. Claims denied for missing or invalid information may be resubmitted with the required information. The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7.
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"> The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Maximum Frequency per Day HCPCS, Professional Revenue Codes Requiring Procedure Codes, Facility Supply Policy, Professional Information regarding these code updates can be found in the history section which is located at the end of the posted policy. 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.

Code Updates		
Policy Title	Effective Date	Summary of Changes
		<ul style="list-style-type: none"> Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets. 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.

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 > Resources > Plans, Policies, Protocols and Guides > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).