

# UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: September 2024

New		
Policy Title	Effective Date	Policy Summary
Hospital Inclusive Charges Policy, Facility	12/01/2024	<ul style="list-style-type: none"> <li>UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services' Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits.</li> <li>Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit, or otherwise bundled within services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare.</li> </ul>
Anatomical Modifier Requirement Policy, Professional Reminder	11/01/2024	<ul style="list-style-type: none"> <li>Effective with dates of service on or after November 1, 2024, UnitedHealthcare will implement the Anatomical Modifier Requirement Policy, Professional.</li> <li>This policy requires the use of appropriate laterality or anatomical modifiers for surgical procedures that are assigned a bilateral status indicator of 1 on the CMS National Physician Fee Schedule for the claim to be considered for reimbursement.               <ul style="list-style-type: none"> <li>The relevant modifiers include: 50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9</li> </ul> </li> <li>Modifiers are essential in medical coding to provide clarity. Anatomical and lateral modifiers specify the part of the body on which a service was performed, which is important when the procedure could potentially be performed on multiple sites. The use of modifiers assists with ensuring appropriate reimbursement for services rendered.</li> </ul>
Home Health Services Policy, Professional and Facility Reminder	10/01/2024	<ul style="list-style-type: none"> <li>Effective for dates of service on or after October 1, 2024, UnitedHealthcare Medicare and Retirement (M&amp;R) 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 dates 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
Professional/Technical Component Policy, Professional – Clarification  Reminder	10/01/2024	<ul style="list-style-type: none"> <li>This is a clarification of the original bulletin published July 1, 2024, with no change to intent.</li> <li>Effective for dates of service on or after October 1, 2024, UnitedHealthcare Medicare and Retirement (M&amp;R) 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 <i>by the same individual provider</i> (physician or other qualified healthcare professional), on the same date of service as an E/M service, for the same patient, unless a copy of the radiology report is attached to support separate reimbursement.               <ul style="list-style-type: none"> <li>For example, if an emergency room provider bills for an E/M service and an interpretation, the emergency room provider would need to submit the report for the claim to be considered for separate reimbursement. If the emergency room provider bills for an E/M service only and a radiologist bills for an interpretation, the radiologist would not be required to submit a report for their claim to be considered for reimbursement.</li> </ul> </li> <li>To help providers submit an interpretation report, a Smart Edit will be implemented which will provide additional details as to the process.</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>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> <li>Check published policy to determine impact at the state level.</li> <li>The following UnitedHealthcare policies have recently been updated to include code changes:               <ul style="list-style-type: none"> <li>Procedure to Modifier, Professional</li> <li>Diagnosis Code Requirement Policy, Professional and Facility</li> </ul> </li> </ul>



Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT<sup>®\*</sup>), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

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 Medicare Advantage Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).