UnitedHealthcare Community Plan

Reimbursement Policy
CMS 1500
Policy Number 2025R0113C

From-To Date Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), 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.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. With the exception of Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers, due to their monthly billing requirements unless the code description for the service or supply indicates it should be reported only once daily, this policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

This policy also does not apply to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes reported for time-based anesthesia services, codes with a time span in their description, unlisted codes, global maternity codes, drugs, and ambulance mileage.

Policy

Overview

When Grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Grouping is allowed only for identical services on consecutive days. In those instances where Grouping of services applies, the number of units submitted should be equally divisible by the number of days indicated in the 'from' and 'to' dates reported.

Reimbursement Guidelines

The National Uniform Claim Committee (NUCC) develops and oversees the NUCC Data Set (NUCC-DS), which is a standardized data set for use in an electronic environment, but applicable to and consistent with evolving paper claim form standards. The *NUCC 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12* provides instruction for the completion of the 1500 Health Insurance Claim form. This manual includes the following instruction for entering the dates of service:

- "If there is only one date of service, enter that date under 'From.' Leave 'To' blank or re-enter 'From' date."

- "If Grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive days. The number of days must correspond to the number of units in 24G."

The Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual Chapter 26, also states: "When 'from' and 'to' dates are shown for a series of identical services, enter the number of days or units in column G." CMS returns a claim as unprocessable if a date of service extends more than 1 day and a valid "to" date is not present.

Consistent with NUCC and CMS, UnitedHealthcare Community Plan will only consider reimbursement for claim lines with a 'from' and 'to' date span greater than one day, when the units entered correspond to or are equally divisible by the number of days indicated. Claim lines for which the 'from' and 'to' dates and units do not correspond or are not equally divisible by the number of days indicated, will not be processed. The services will need to be resubmitted on separate claim form lines with the units matching the corresponding from and to dates.

An example of a claim form submission where the service dates cannot be determined and therefore the claim cannot be processed:

Code	Modifier	Units	From Date	To Date
99213		3	2/10/2020	3/19/2020

The claim should be submitted as follows:

Code	Modifier	Units	From Date	To Date
99213		1	2/10/2020	2/10/2020
99213		1	2/25/2020	2/25/2020
99213		1	3/19/2020	3/19/2020

UnitedHealthcare Community Plan recognizes there are exceptions to this policy based on the uniqueness of some CPT and HCPCS codes reported for services rendered. The following types of services are exempt from this policy:

- Certain CPT® and HCPCS codes, based on their description, are not intended to be reported on consecutive dates of service, but may be appropriate to report with a 'from' and 'to' date. For example, codes whose descriptions say per week, per month, per course of treatment would be considered exceptions to this policy.
- Codes that represent drugs or contrast and radiopharmaceutical imaging materials.
- Global Maternity Codes.
- Time based Anesthesia codes.
- Unlisted codes.

For a complete list of codes exempt from this policy, please refer to the Attachment section below.

As stated in the Application section of this policy, Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers are excluded from this policy unless they report a code that by description indicates it should be reported only once daily. For example, HCPCS code S9328 describes services that would be reported once per day, therefore, units billed should correspond to ‘from’ and ‘to’ dates.

Refer to the Attachment section below for a listing of codes that describe ‘per diem’ or ‘per day’ services that are not excluded from this policy when billed by Home Health Care, Home Infusion, Durable Medical Equipment, Orthotics and Prosthetics suppliers.

State Exceptions	
California	Per State Regulations, CPT code S0199, providers are required to bill with only 1 unit and a date span of 14-18 days.
Indiana	Per State Regulations the following codes are exempt from this policy for Indiana MLTSS PathWays: B4150, H0004, S5100, S5125,S5130, S5140, S5141, S5150, S5160, S5161, S5165, S5170, T1005, T2003, T2022, T2025, T2029, T2031, T2038, T2039
Kansas	Per State Regulations the following codes are exempt from this policy for all Kansas lines of business: • H2016, S0315, S9485, T1001, T1002, T1004, T1016, T1017, T1019, T1027
New Jersey	Per State Regulations, T2025 is exempt from this policy for all New Jersey Medicaid lines of business.
New Mexico	Per State Regulations, 99509, T2025, G9003 is excluded from this policy.
North Carolina	Per State Regulations, 99509 is excluded from this policy.
Ohio	Per OH Regulations, codes H0001, H0005, and H0006 are excluded from this policy.
Rhode Island	Per RI Regulations, codes H2000, H2021, and T1023 are excluded from this policy.
Texas	Per State Regulations S5151 is exempt from this policy.
Virginia	Per VA State Regulations, G0493, G0494, H0023, H0024, H0025, H0032, H0035, H0036, H0046, and H2012, are exempt from this policy. S9125 is also exempt from this policy when reported with modifiers TD or TE.

Definitions	
Grouping	Grouping refers to the reporting of services which share a procedure code, place of service, charge, and individual provider. The services must have been provided on consecutive days and the number of days must correspond to the number of units reported in field 24G of the 1500 Health Insurance Claim Form.

Questions and Answers	
1	**Q:** What fields on the 1500 claim form are you referencing for the "Days or Units" and "From" and "To" date? **A:** These claim form fields on the 1500 claim form are identified as follows: Paper Claims with CMS Paper Format 02-12: The "From" and "To" dates are entered in 24A DATE(S) OF SERVICE field. "Days or Units" are entered in field 24G DAYS OR UNITS field for each applicable service line. For additional information, refer to the National Uniform Correct Coding (NUCC) Website: http://www.nucc.org/. Electronic Claims: Reference the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, electronic claims submitted via the 837 Professional transaction set or the NUCC website, which provides a 1500-837p crosswalk.

Attachments	
From-To Policy Exceptions List	A list of codes for services exempt from this policy.
From-To Policy Exception List for Long Term Care Lines of Business (LOBs)	A list of codes for services exempt from this policy for Long Term Care lines of business.
From-To Per Diem Per Day Codes	A list of services and supplies to be reported only once daily.

Resources
Individual state Medicaid regulations, manuals & fee schedules
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
National Uniform Claim Committee (NUCC)

History	
3/30/2025	Policy Version Change Attachments Section: From-To Policy Exceptions List updated
3/9/2025	Policy Version Change State Exceptions Section: Rhode Island added
1/1/2025	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated
11/17/2024	Policy Version Change State Exceptions Section: New Mexico added History Section: Entries prior to 11/17/2022 archived
10/13/2024	Policy Version Change Attachments Section: From-To Policy Exceptions List updated History Section: Entries prior to 10/13/2022 archived
9/22/2024	Policy Version Change Attachments Section: From-To Policy Exceptions List updated

	History Section: Entries prior to 9/22/2022 archived
6/30/2024	Policy Version Change State Exceptions Section: Indiana added Attachment Section: From-To Policy Exceptions List updated History Section: Entries prior to 6/30/2022 archived
6/14/2024	Policy Version Change State Exceptions Section: New Mexico added History Section: Entries prior to 6/14/2022 archived
3/31/2024	Policy Version Change Attachments Section: From-To Policy Exceptions List updated History Section: Entries prior to 3/31/2022 archived
2/18/2024	Policy Version Change Attachments Section: From-To Per Diem Per Day Lists updated History Section: Entries prior to 2/18/2022 archived
1/1/2024	Policy Version Change Attachments Section: From-To Policy Exceptions List updated History Section: Entries prior to 1/1/2022 archived
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2/19/2023	Policy Version Change Attachments Section: From-To Policy Exception List for Long Term Care Lines of Business (LOBs) list History Section: Entries prior to 2/19/2021 archived
1/1/2023	Policy Version Change Attachments Section: From-To Policy Exceptions and From-To Per Diem Per Day Lists updated History Section: Entries prior to 1/1/2021 archived
11/22/2010	Policy implemented by UnitedHealthcare Community & State