

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: September 2024

New			
Policy Title	State(s)	Policy summary	Effective Date
Discarded Drugs and Biologicals Policy, Professional and Facility - Reminder	Florida Hawaii Kansas Massachusetts Michigan Missouri Minnesota Mississippi New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas	<ul style="list-style-type: none"> Effective October 1, 2024, UnitedHealthcare will align with the Centers for Medicare and Medicaid (CMS) requirement for reporting the JZ modifier for a claim to be considered for reimbursement. In accordance with CMS Medicare Claims Processing Manual Chapter 17 (Section 40) providers and suppliers are required to report the JZ modifier to attest that no amount of drug or biological from a single-dose container or a single-use package was unused or discarded. The use of the JW modifier will continue to be required when submitting claims for any waste from a single-dose container or single-use package. 	October 01, 2024

Hospital Inclusive Charges Policy, Facility	Ohio	<ul style="list-style-type: none"> • 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. • 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. 	December 01, 2024
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Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Ambulance Policy, Professional - Reminder	Colorado District of Columbia Florida Hawaii Massachusetts Maryland Minnesota Michigan New York North Carolina Rhode Island Washington Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after September 1, 2024, UnitedHealthcare will enhance the new Ambulance Policy, Professional. <p>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. The date span criteria will exclude the date of admission and discharge.</p>	September 01, 2024
Ambulance Policy, Professional	Indiana	<ul style="list-style-type: none"> Effective for dates of service on or after October 1, 2024, UnitedHealthcare will enhance the new Ambulance Policy, Professional. 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. The date span criteria will exclude the date of admission and discharge. 	October 01, 2024

Preventive Medicine and Screening Policy, Professional	Wisconsin	<ul style="list-style-type: none"> • The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service 08/01/2024 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventative Medicine E/M service on the same day for the same patient by the same provider. • The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead. 	October 1, 2024
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Professional/Technical Component Policy, Professional - Clarification	Colorado Florida Massachusetts Minnesota New York North Carolina Virginia	<ul style="list-style-type: none"> • This is a clarification of the original bulletin published July 1, 2024, with no change to intent. • Effective for dates of service on or 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. • 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"> ○ 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. • To help providers submit an interpretation report, a Smart Edit will be implemented which will provide additional details as to the process. 	October 1, 2024
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<p>Ambulance Policy, Professional</p>	<p>New Jersey Tennessee Texas</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after December 1, 2024, UnitedHealthcare will enhance the new Ambulance Policy, Professional. • 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. The date span criteria will exclude the date of admission and discharge. 	<p>December 01, 2024</p>
<p>Anatomical Modifier Requirement Policy, Professional - Reminder</p>	<p>Colorado District of Columbia Florida Hawaii Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after October 1, 2024; UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to require the use of appropriate laterality or anatomical modifiers for surgical procedures assigned a bilateral status indicator of 1 on the CMS National Physician Fee Schedule for the claim to be considered for reimbursement. • Claim lines not reported with the appropriate laterality or anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) will be denied. 	<p>October 01, 2024</p>

<p>Telehealth/Virtual Health Policy, Professional - Reminder</p>	<p>Ohio New Jersey</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after May 1, 2024, UnitedHealthcare Community Plan will enhance the Telehealth/Virtual Health Policy, Professional to include both Facility and Professional Services. This Enhanced Policy (Telehealth/Virtual Health Policy, Professional and Facility) will integrate the existing guidelines covered by the Telehealth/Virtual Policy, Professional. • Additionally, effective October 1, 2024, the policy will address originating site services, HCPCS code Q3014. <ul style="list-style-type: none"> ○ Claim lines submitted for an originating site service with code Q3014 will be considered for reimbursement only if the telehealth distant site provider's claim does not report a place of service (POS) code 10 for the same telehealth encounter. • POS code 10 identifies the patient is receiving telehealth at home so no originating site services would be incurred. 	<p>October 01, 2024</p>
<p>Rebundling Policy, Professional - Reminder</p>	<p>Colorado District of Columbia Florida Maryland Massachusetts Michigan Minnesota Missouri New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after September 1, 2024, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. • UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable. 	<p>September 01, 2024</p>

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates - Multiple Policies	Multiple	<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"> 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 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. Check published policy to determine impact at the state level. The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Add-On Codes, Facility Age to Diagnosis Code and Procedure Code Policy, Professional Audiologic/Vestibular Function Testing, Professional Contrast & Radiopharmaceutical Materials, Professional Diagnosis Code Requirement Policy, Professional and Facility Drug Testing Reimbursement Policy, Professional Gender to Procedure and Diagnosis, Professional Incontinence Supply, Professional Maximum Frequency per Day CPT, Professional 	September 01, 2024

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • National Drug Code (NDC) Requirement Policy, Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Observation Services, Facility • Obstetrical Ultrasound, Professional • PM & R- PT, OT and Eval, Professional • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Readmission, Facility • Rebundling, Professional • Replacement Codes Policy, Professional • Revenue Codes Requiring Procedure Codes, Facility • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Supply Policy, Professional • Telehealth and Telemedicine Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Vaccines For Children Policy, Professional 	



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^{®*}), 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 Community Plan Reimbursement Policies is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).

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