

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: May 2021

New		
Policy Title	Effective Date	Policy Summary
Provider Based Billing Policy, Professional and Facility*	August 1, 2021	<ul style="list-style-type: none"> • The new Provider Based Billing Policy, Professional and Facility, will be effective for dates of service on or after 8/1/2021. • The following policy guidelines will be applied to professional claims submitted on a CMS 1500 claim form and on facility claims submitted on a UB04 claim form when applicable. <ul style="list-style-type: none"> ○ Evaluation and Management (E/M) Current Procedural Terminology (CPT) codes 99202-99215 billed on a professional claim with Place of Service (POS) 19 (Off Campus-Outpatient Hospital) or 22 (On Campus-Outpatient Hospital) without an additional medical surgical service on the same date of service by the same provider will not be reimbursable under this policy. These services will be considered for reimbursement when reported with POS 11 (Office). <ul style="list-style-type: none"> ▪ Provider-based facility clinical visit services reported with revenue code range 051X (Clinic) on the facility claim will not be reimbursable under this policy when the coinciding professional claim is reported with POS 11 and/or billed with CPT codes 99202-99215. • When a professional claim includes a medical surgical service on the same date of service as office visit CPT codes 99202-99215 and reported with POS 19 or 22, the professional and coinciding facility claim (if applicable) will not be subject to the above guideline.

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Inpatient Unacceptable Principal Diagnosis Policy, Facility*	August 1, 2021	<ul style="list-style-type: none"> • The new Inpatient Unacceptable Principal Diagnosis Policy, Facility will be effective for dates of service on or after August 1, 2021. • This policy will align with the official International Classification of Diseases, 10th Revision, Clinical Modification (ICD 10 – CM) guidelines for reporting appropriate principal diagnosis codes which is published on the Centers for

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		<p>Medicare and Medicaid (CMS) website. Proper sequencing of diagnosis codes is important for correct reimbursement and to accurately represent the patient's medical record.</p> <ul style="list-style-type: none"> • ICD-10-CM guidelines specify when it is unacceptable to submit a diagnosis as a principal diagnosis. Examples below include, but are not limited to: <ul style="list-style-type: none"> ○ External cause of morbidity codes, ○ Manifestation/Etiology codes, and ○ Sequela Codes (late effects). • Claims submitted with an unacceptable principal diagnosis code will be denied.
Revised		
Policy Title	Effective Date	Summary of Changes
Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional*	August 1, 2021	<ul style="list-style-type: none"> • Effective with dates of service on or after August 1, 2021, consistent with the Centers for Medicare and Medicaid Services (CMS), the following place of service (POS) codes will be removed from the list of POS codes that qualify as the patient's home: 31 (Skilled Nursing Facility) and 32 (Nursing Facility).

*This Reimbursement Policy will also be implemented for UnitedHealthcare Oxford Health Plans on the listed effective date.

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 > Policies and Protocols > Commercial Policies > Reimbursement Policies for UnitedHealthcare Commercial Plans.