

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

Revised		
Policy Title	Effective Date	Summary of Changes
Ambulance Policy, Professional - Reminder	September 1, 2024	<ul style="list-style-type: none"> Effective for dates of service on or after September 1, 2024, UnitedHealthcare will enhance the 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.
Rebundling Policy, Professional - Reminder	September 1, 2024	<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 Commercial Rebundling Policy, Professional. UnitedHealthcare's reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefore G2211 is not separately reimbursable.
Anatomical Modifier Requirement Policy, Professional	November 1, 2024	<ul style="list-style-type: none"> Effective with dates of service on or after November 1, 2024, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional. This policy update 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"> The relevant modifiers include: 50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9 Modifiers are essential in medical coding to provide clarity. Anatomical and lateral modifiers specify the part of the body on which 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.
Professional/Technical Component Policy, Professional - Reminder	October 1, 2024	<ul style="list-style-type: none"> Effective 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 on the same date of service as an E/M service unless a copy of the radiology report is attached to support separate reimbursement.

Revised		
Policy Title	Effective Date	Summary of Changes
Procedure to Modifier Policy, Professional - Reminder	August 1, 2024	<ul style="list-style-type: none"> Effective on or after August 1, 2024 dates of process, UnitedHealthcare will revise the Procedure to Modifier Policy, Professional to allow claim lines with modifier 57 to be considered for reimbursement only when appropriately used on evaluation and management (E/M) services. According to the CPT® description of modifier 57, it is appropriately used on an E/M service for an initial consultation or evaluation of a problem to determine the need for surgery when the surgery is considered a major procedure. For guidelines regarding major vs. minor procedures, please refer to the Global Days, Professional policy.
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"> Add-On Codes, Professional Age-based Codes, Professional Bilateral Procedures, Professional Device, Implant, and Skin Substitute Policy, Facility DME, Orthotics and Prosthetics, Professional From - To Date, Professional Global Days, Professional Maximum Frequency per Day, Professional Outpatient Hospital Add-On Codes, Facility Outpatient Hospital Observation Policy, Facility Procedure and Place of Service, Professional 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 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 Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Policies and Protocols > Exchange-Policies > [Exchanges-Reimbursement-Policies](#).