

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: July 2023

New			
Policy title	State(s)	Policy summary	Effective date
Device and Skin Substitute Policy, Facility	Colorado District of Columbia Hawaii Maryland Michigan Missouri New York North Carolina Ohio Pennsylvania Rhode Island Virginia Washington Wisconsin	<ul style="list-style-type: none"> • UnitedHealthcare Community Plan will align with CMS by creating a new Device and Skin Substitute Policy, Facility that will be effective for dates of service on or after August 1, 2023. • When a device- dependent procedure code is submitted, the appropriate device code must be submitted on the same claim for the same date of service unless the procedure was terminated. • The submission of certain skin substitute application procedures requires the appropriate skin substitute product be submitted on the same day. These procedures and products are divided into two lists based on high or low cost. 	August 1, 2023

<p>Outpatient Medical Visits and Trauma Activation, Facility</p>	<p>Florida Hawaii Louisiana Maryland Michigan Missouri New York North Carolina Ohio Pennsylvania Rhode Island Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> • The new Outpatient Medical Visits and Trauma Activation Policy will be effective for dates of service on or after September 1, 2023. • UnitedHealthcare Community Plan will align with CMS by creating a policy to address Outpatient Medical Visits and Trauma Activation HCPCS code G0390. <ul style="list-style-type: none"> ○ When distinct and independent medical visits occur on the same date of service under the same revenue code condition code G0 must be submitted. Multiple visits meeting these criteria that are submitted without condition code G0 are not separately reimbursable. ○ A separately identifiable status indicator V evaluation and management (E/M) code can be submitted on the same date of service as a procedure that has a status indicator of S or T if a modifier is appropriately applied. In these circumstances it would be appropriate to append modifier 25 to the E/M code to indicate the E/M service performed was separate and distinct. ○ Trauma activation is considered a one-time occurrence in association with critical care service. Therefore, only one unit of G0390 is reimbursable per date of service. <p>Trauma activation code G0390 can be submitted separately under revenue code 68X (068X) when provided on the same date of service as critical care service 99291.</p>	<p>September 1, 2023</p>
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Updated			
Policy title	State(s)	Policy summary	Effective date
<p>Observation Services Policy, Facility</p>	<p>Colorado District of Columbia Hawaii Maryland Missouri North Carolina</p>	<ul style="list-style-type: none"> • According to the Centers for Medicare and Medicaid Services (CMS), Observation service code G0378 is only reimbursable when the observation period meets or exceeds 8 hours. • Consistent with CMS, effective date of service August 1, 2023, and after, United Healthcare Community Plan will deny the claim line for G0378 reported with less than 8 hours on outpatient facility claims reported on a UB-04 claim form. 	<p>August 1, 2023</p>

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Co-Surgeon/Team Surgeon Policy, Professional	Hawaii Maryland Massachusetts Michigan Minnesota Missouri New York North Carolina Ohio Pennsylvania Rhode Island Virginia Washington Wisconsin	<ul style="list-style-type: none"> UnitedHealthcare Community Plan's standard reimbursement for Co-Surgeon and/or Team Surgeon services reported with modifier 62 is 63% of the Allowable Amount for the surgical procedures. CMS Guidelines allow Co-Surgeon/Team Surgeon services, reported with a modifier 62 to be reimbursed at 62.5%. Effective with claims date of service July 1, 2023, and after, UnitedHealthcare Community Plan will allow at 62.5% consistent with CMS guidelines. 	July 1, 2023
Assistant-at-Surgery Services Policy, Professional	Michigan Minnesota New York North Carolina Ohio Rhode Island	<ul style="list-style-type: none"> UnitedHealthcare Community Plan's standard reimbursement for Assistant-at-Surgery services on the Assistant-at-Surgery Eligible List reported with modifier AS provided by a Health Care Professional is 14% of the Allowable Amount for the surgical procedures. CMS Guidelines allow Assistant-at-Surgery services, reported with a modifier AS to be reimbursed at 13.6%. Effective with claims date of service July 1, 2023, and after, UnitedHealthcare Community Plan will allow at 13.6% consistent with CMS guidelines. 	July 1, 2023

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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