

# UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: October 2024

New			
Policy Title	State(s)	Policy summary	Effective Date
Hospital Inclusive Charges Policy, Facility - Reminder	Ohio	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	December 01, 2024

  

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Home Health Services Policy, Professional	Tennessee	<ul style="list-style-type: none"> <li>Effective for dates of service on or after November 1, 2024, UnitedHealthcare Community Plan will implement the new Home Health Services Policy, Professional.</li> <li>In alignment with CMS, home health services billed in place of service 12 will not be reimbursed if the dates of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.</li> </ul>	November 01, 2024

<p>Diagnosis Code Requirement Policy, Professional and Facility</p>	<p>Texas</p>	<ul style="list-style-type: none"> <li>• Effective with dates of service May 1, 2024, UnitedHealthcare Community Plan will introduce a comprehensive Diagnosis Code Requirement Policy for both Professional and Facility services. This new policy will integrate the existing ICD-10-CM guidelines covered by the Outpatient Hospital Inappropriate Primary Diagnosis Codes Policy, Facility, and the Inappropriate Primary Diagnosis Codes Policy, Professional. <ul style="list-style-type: none"> <li>○ Additionally, effective January 1, 2025, the policy will address the Excludes 1 coding within the ICD-10 CM framework. Excludes 1 guidelines denote mutually exclusive codes, representing two conditions that cannot be reported together – such as a congenital form verses an acquired form of the same condition. All providers should align to coding with the Excludes 1 guidelines when submitting claims; however, at this time the application of these guidelines is specifically for Inpatient Claims.</li> </ul> </li> <li>• Providers are expected to accurately submit diagnosis codes in alignment with ICD-10-CM requirements.</li> </ul>	<p>January 01, 2025</p>
<p>Preventive Medicine and Screening Policy, Professional</p>	<p>Minnesota</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.</li> </ul>	<p>January 01, 2025</p>
<p>Anesthesia Policy, Professional</p>	<p>Arizona Tennessee</p>	<ul style="list-style-type: none"> <li>• In alignment with CMS, UnitedHealthcare Community Plan will update the Anesthesia Policy, Professional. Effective for claims with dates of service from November 1, 2024, and forward, additional base units for qualifying circumstances codes 99100, 99116, 99135 and 99140 will no longer be included in reimbursement.</li> </ul>	<p>November 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"> <li>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>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.</li> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>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.</li> <li>Check published policy to determine impact at the state level.</li> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Add-On Codes, Facility</li> <li>Age to Diagnosis Code and Procedure Code Policy, Professional</li> <li>Ambulance Services, Professional</li> <li>Anesthesia, Professional</li> <li>B Bundle, Professional</li> <li>Diagnosis Code Requirement Policy, Professional and Facility</li> <li>Gender to Procedure and Diagnosis, Professional</li> <li>Laboratory Services, Professional</li> <li>Maximum Frequency per Day HCPCS, Professional</li> </ul> </li> </ul>	October 01, 2024

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> <li>• Medically Unlikely Edits (MUE), Professional and Facility</li> <li>• Modifier Reference, Professional</li> <li>• New Patient Visit, Professional</li> <li>• Non-Covered and Covered Codes Policy, Facility</li> <li>• Non-Covered and Covered Codes Policy, Professional</li> <li>• Nonphysician Health Care Professionals Billing E/M Codes, Professional</li> <li>• Observation Services, Facility</li> <li>• Obstetrical Services, Professional</li> <li>• Procedure and Place of Service, Professional</li> <li>• Procedure to Modifier, Professional</li> <li>• Professional/Technical Component, Professional</li> <li>• Rebundling, Professional</li> <li>• Replacement Codes Policy, Professional</li> <li>• Revenue Codes Requiring Procedure Codes, Facility</li> <li>• Services by Residents, Interns and Medical Students Policy, Professional</li> <li>• Split Surgical (Mods 54, 55, 56), Professional</li> <li>• Telehealth and Telemedicine Policy, Professional</li> <li>• Telehealth/Virtual Health Policy, Professional and Facility</li> <li>• Time Span Codes Policy, Professional</li> <li>• Unlisted Services Policy, Professional</li> <li>• Vaccines For Children Policy, Professional</li> </ul>	



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<sup>®\*</sup>), 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](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).

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