

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

New/Revised	New/Revised				
Policy Title	Effective Date	Summary of Changes			
NEW Integration of Commercial Reimbursement Policies into Individual Exchange Plans	July 1, 2024	As part of the alignment with Commercial policies, effective for dates of service on or after July 1, 2024, the following UnitedHealthcare Commercial reimbursement policies will also apply to UnitedHealthcare Individual Exchange Plans (aka Individual and Family Plans): Outpatient From-to Date Policy, Facility Nonphysician Health Care Codes Policy, Professional Please refer to the commercial reimbursement policy section of uhcprovider.com for details of each policy.			
Home Health Services Policy, Professional	July 1, 2024	 Effective for dates of service on or after July 1, 2024, UnitedHealthcare will implement the new Home Health Services_Policy, Professional. In alignment with CMS, home health services billed in place of service 12 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. 			
Integration of Commercial Reimbursement Policies into Individual Exchange Plans – Reminder	April 1, 2024	Effective for dates of service on or after April 1, 2024, UnitedHealthcare Commercial reimbursement policies will also apply to UnitedHealthcare Individual Exchange Plans (aka Individual and Family Plans). Except for those policies described in this article, all Commercial policies will apply as written to Individual Exchange Plans and there should be no difference in provider experience. As part of this alignment with Commercial policies, some new and different policies and/or editing will apply to Individual Exchange Plans. These impacted policies are listed below. Please refer to the commercial reimbursement policy section of uhcprovider.com for details of each policy. • Age to Diagnosis Code and Procedure Code Policy, Professional			
		 Age to Diagnosis Gode and Procedure Code Policy, Professional Anesthesia Policy, Professional Drug Testing Policy, Professional Laboratory Services Policy, Professional 			



New/Revised				
Policy Title	Effective Date	Summary of Changes		
		Procedure and Place of Service Policy, Professional		
		Supply Policy, Professional		
		Acupuncture Policy, Professional		
		Hospital Based Ambulance Policy, Facility		
		 Inpatient Unacceptable Principal Diagnosis Policy, Facility 		
		Outpatient Hospital Blood and Blood Products Policy, Facility		
		Also effective for dates of service on or after April 1, 2024, UnitedHealthcare will retire the existing UnitedHealthcare Individual Exchange reimbursement policies except for the following policies unique to the UnitedHealthcare Individual Exchange Plans which will continue to be available on uhcprovider.com (please continue to refer to the Individual Exchange reimbursement policy section for the details of these policies). To the extent there are Commercial versions of the below policies, they will not apply to UnitedHealthcare Individual Exchange Plans:		
		Assistant-at-Surgery Services Policy, Professional		
		Bilateral Procedures Policy, Facility		
		Clinical Diagnostic Lab Policy, Professional		
		Facility Billing Policy, Facility		
		Habilitative and Rehabilitative Services Policy, Professional and Facility		
		Hearing Aids Policy, Professional		
		Molecular Pathology Policy, Professional		
		 Provider Preventable Conditions: Healthcare Acquired Conditions and Present on Admission Policy, Facility Revenue Codes Requiring Procedure Code Policy, Facility 		
		Note - This policy list may be subject to change.		
Diagnosis Code Requirement Policy, Professional and Facility – Reminder	May 1, 2024	Effective with date of service May 1, 2024, UnitedHealthcare Individual Exchange Plans 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.		
		 Additionally, 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 versus an acquired form of the same condition. All providers should align to coding 		



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		with the excludes 1 guidelines when submitting claims; however, at this time the application of these guidelines is specifically for Inpatient Claims.
		Providers are expected to accurately submit diagnosis codes in alignment with ICD-10-CM requirements.
Revised		
Policy Title	Effective Date	Summary of Changes
 Telehealth/Virtual Health Policy, Professional Telehealth Policy, Facility 	May 1, 2024	 Effective with dates of service on or after May 1, 2024, UnitedHealthcare will enhance the Telehealth/Virtual Health Policy, Professional and Telehealth Policy, Facility for originating site services, HCPCS code Q3014. 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.
Retired		
Policy Title	Effective Date	Summary of Changes
Outpatient Hospital Inappropriate Primary Diagnosis Code Policy, Facility – Reminder	May 1, 2024	 UnitedHealthcare is retiring the Outpatient Hospital Inappropriate Primary Diagnosis Code Policy, Facility. Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.
Inappropriate Primary Diagnosis Codes Policy, Professional – Reminder	May 1, 2024	 UnitedHealthcare is retiring the Inappropriate Primary Diagnosis Codes Policy, Professional. Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.

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 > <u>Exchanges-Reimbursement-Policies</u>.