

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

New		
Policy Title	Effective Date	Summary of Changes
NEW Integration of Commercial Reimbursement Policies into Individual Exchange Plans - Reminder	July 1, 2024	<p>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):</p> <ul style="list-style-type: none"> • Outpatient From-to Date Policy, Facility • Nonphysician Health Care Codes Policy, Professional <p>Please refer to the commercial reimbursement policy section of uhcprovider.com for details of each policy.</p>
Home Health Services Policy, Professional - Reminder	July 1, 2024	<ul style="list-style-type: none"> • 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.
Diagnosis Code Requirement Policy, Professional and Facility - Reminder	May 1, 2024	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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 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
Procedure to Modifier Policy, Professional	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.
Home Health Services Policy, Professional	August 1, 2024	<ul style="list-style-type: none"> Effective for dates of service on or after August 1, 2024, UnitedHealthcare will enhance the Home Health Services Policy, Professional. This enhancement addresses the following PT/OT/ST and Nursing home health HCPCS with a CMS Status Indicator of E, I or X: <ul style="list-style-type: none"> G0151 - G0162, S9122 - S9129, S9131, S9152 These HCPCS codes will not be considered for reimbursement when submitted by physicians and physician groups. These HCPCS codes will be considered for reimbursement when appropriately submitted by home health providers.
<ul style="list-style-type: none"> Telehealth/Virtual Health Policy, Professional Telehealth Policy, Facility Reminder	May 1, 2024	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

Retired		
Policy Title	Effective Date	Summary of Changes
Inappropriate Primary Diagnosis Codes Policy, Professional - Reminder	May 1, 2024	<ul style="list-style-type: none"> • 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 > [Exchanges-Reimbursement-Policies](#).