UnitedHealthcare Commercial
Reimbursement Policy Update Bulletin: March 2024

New		
Policy Title	**Effective Date**	**Policy Summary**
Diagnosis Code Requirement Policy, Professional and Facility - Reminder	May 1, 2024	• Effective with date of service May 1, 2024, UnitedHealthcare 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 Inpatient Unacceptable Principal Diagnosis Policy (Facility), the Outpatient Hospital Inappropriate Primary Diagnosis Code Policy (Facility), and the Inappropriate Primary Diagnosis Codes Policy (Professional). o 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.
Molecular Pathology Policy, Professional and Facility - Reminder	April 1, 2024	• The Molecular Pathology Policy, Professional and Facility was previously announced on May 1, 2023, but delayed in September of 2023 to allow additional time for providers to complete their molecular pathology test registrations for Z-codes on tests. The Policy will now be effective for dates of service on or after April 1, 2024. • The policy will require the submission of a DEX Z- code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7.

Revised

Policy Title	Effective Date	Summary of Changes
• Telehealth/Virtual Health Policy, Professional • Telehealth Policy, Facility Reminder	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
Inpatient Unacceptable Principal Diagnosis Policy, Facility - Reminder	May 1, 2024	• UnitedHealthcare is retiring the "Inpatient Unacceptable Principal Diagnosis Policy, Facility. • Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.
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 Commercial Reimbursement Policies is available UHCprovider.com > Resources > Plans, Policies, Protocols and Guides > For Commercial Plans > Reimbursement Policies for UnitedHealthcare Commercial Plans.