

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: May 2024

Effective Date	Policy Summary			
July 1, 2024	<ul> <li>Effective for dates of service on or after July 1, 2024, UnitedHealthcare 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 date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.</li> </ul>			
May 1, 2024	<ul> <li>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).</li> <li>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.</li> </ul>			
	Providers are expected to accurately submit diagnosis codes in alignment with ICD-10-CM requirements.			
Revised				
Effective Date	Summary of Changes			
August 1, 2024	<ul> <li>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.</li> <li>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.</li> </ul>			
	July 1, 2024  May 1, 2024  Effective Date			



Revised		
Policy Title	<b>Effective Date</b>	Summary of Changes
		For guidelines regarding major vs. minor procedures, please refer to the Global Days, Professional policy.
Home Health Services Policy, Professional	August 1, 2024	<ul> <li>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> <li>G0151 - G0162, S9122 - S9129, S9131, S9152</li> </ul> </li> <li>These HCPCS codes will not be considered for reimbursement when submitted by physicians and physician groups.</li> </ul>
		These HCPCS codes will be considered for reimbursement when appropriately submitted by home health providers.
Molecular Pathology Policy Professional and Facility - Reminder		<ul> <li>UnitedHealthcare previously communicated a new Molecular Pathology Policy, Professional and Facility in the January 2024 Network News, effective April 1, 2024, UnitedHealthcare is delaying the effective date of the policy until June 1, 2024, in order to allow additional time for providers to integrate Z-codes into their claims processes.</li> <li>Should you have any questions regarding the delay or need additional information please email united_genetics@uhc.com.</li> </ul>
<ul> <li>Telehealth/Virtual         Health Policy,         Professional</li> <li>Telehealth Policy,         Facility</li> <li>Reminder</li> </ul>	May 1, 2024	<ul> <li>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.</li> <li>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.</li> <li>POS code 10 identifies the patient is receiving telehealth at home so no originating site services would be incurred.</li> </ul>
Retired		
Policy Title	<b>Effective Date</b>	Summary of Changes
Inpatient Unacceptable Principal Diagnosis Policy, Facility – Reminder	May 1, 2024	<ul> <li>UnitedHealthcare is retiring the "Inpatient Unacceptable Principal Diagnosis Policy, Facility.</li> <li>Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.</li> </ul>
Outpatient Hospital Inappropriate Primary	May 1, 2024	UnitedHealthcare is retiring the "Outpatient Hospital Inappropriate Primary Diagnosis Code Policy, Facility".



Retired			
Policy Title	Effective Date	Summary of Changes	
Diagnosis Code Policy Facility - Reminder		<ul> <li>Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.</li> </ul>	
Inappropriate Primary Diagnosis Codes Policy, Professional - Reminder	May 1, 2024	<ul> <li>UnitedHealthcare is retiring the Inappropriate Primary Diagnosis Codes Policy, Professional.</li> <li>Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.</li> </ul>	

**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.



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