

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: October 2022

New		
Policy Title	Effective Date	Policy Summary
Telehealth Policy, Facility	January 1, 2023	<ul style="list-style-type: none"> The new Telehealth Policy, Facility, will be effective for dates of service on or after January 1, 2023. UnitedHealthcare will align with CMS by creating a new facility Telehealth policy with correct coding requirements for originating site HCPCS code Q3014, including guidance for submission with appropriate type of bill and revenue code. <ul style="list-style-type: none"> Claims for originating site services must be reported using HCPCS code Q3014 (telehealth originating site facility fee). For facility claim submission of originating site services, code Q3014 must be reported with an appropriate type of bill.
Revised		
Policy Title	Effective Date	Summary of Changes
Services Incident to a Supervising Health Care Provider and Split or Shared Visits Policy, Professional	January 1, 2023	<p>UnitedHealthcare will align with the 2022 CMS Final Rule revisions made to the submission guidelines for split or shared visits.</p> <p>Highlights of the revisions include:</p> <ul style="list-style-type: none"> Office or other outpatient evaluation and management services will not be reimbursed as a split or shared visit in an office setting (place of service 11). Split or shared visits only apply to evaluation and management services provided in the facility setting. Substantive portion criteria, as defined in the Final Rule, apply to split or shared visits and documentation must support the submission.

Revised		
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		For more detailed information regarding the revisions to split or shared visits, please see the Employer and Individual Services Incident-to a Supervising Health Care Provider and Split or Shared Visits Professional Reimbursement Policy and the CMS Claims Processing Manual, Chapter 12, Section 30.6.18.
Reminder		
Policy Title	Effective Date	Summary of Changes
Procedure and Place of Service, Professional	August 1, 2017	<ul style="list-style-type: none"> • UnitedHealthcare previously implemented a reimbursement policy that applies to the reimbursement of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS®) codes that are reported in a place of service (POS) considered inappropriate based on the code’s description or available coding guidelines, when reported by a physician or other health care professional. • The reimbursement policy applies to UnitedHealthcare commercial member claims submitted on a CMS 1500 claim form or the 837 electronic claim form. • According to the CMS National Physician Fee Schedule Relative Value File, the Non-Facility Indicator identified as “NA” indicates that “this procedure is rarely or never performed in the non-facility setting.” UnitedHealthcare will not reimburse CPT and HCPCS codes assigned the Non-Facility Indicator “NA” when reported without an appropriate POS.

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](#).