United Healthcare

UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: December 2024

<table>
<tr><th colspan="4">New</th></tr>
<tr><th>Policy Title</th><th>State(s)</th><th>Policy summary</th><th>Effective Date</th></tr>
<tr>
<td>Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility</td>
<td>Colorado
Hawaii
Maryland
Missouri
New York
North Carolina
Pennsylvania
Washington
Wisconsin</td>
<td>

Effective for dates of service on or after February 1, 2025, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility.
Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement.

<table>
<tr><th>Procedure Code</th><th>Reimbursable Units</th><th>Descriptions</th><th>Treatment Description</th></tr>
<tr><td>77280</td><td>4</td><td>Therapeutic radiology simulation-aided field setting; simple</td><td>Simulation</td></tr>
<tr><td>77285</td><td>2</td><td>Therapeutic radiology simulation-aided field setting; intermediate</td><td>Simulation</td></tr>
<tr><td>77290</td><td>3</td><td>Therapeutic radiology simulation-aided field setting; complex</td><td>Simulation</td></tr>
<tr><td>77295</td><td>2</td><td>3-dimensional radiotherapy plan, including dose-volume histograms</td><td>3-D Radiotherapy</td></tr>
<tr><td>77300</td><td>10</td><td>Basic radiation dosimetry calculation</td><td>Basic Dosimetry</td></tr>
<tr><td>77301</td><td>5</td><td>Intensity modulated radiotherapy plan, including dose-volume histograms</td><td>IMRT Dose Planning</td></tr>
<tr><td>77332</td><td>10</td><td>Treatment devices, design and construction; simple</td><td>Treatment Devices</td></tr>
<tr><td>77333</td><td>10</td><td>Treatment devices, design and construction; intermediate</td><td>Treatment Devices</td></tr>
<tr><td>77334</td><td>10</td><td>Treatment devices, design and construction; complex</td><td>Treatment Devices</td></tr>
<tr><td>77338</td><td>5</td><td>Multi-leaf collimator (MLC) design and construction per IMRT plan</td><td>MLT Device for IMRT</td></tr>
<tr><td>77427</td><td>9</td><td>Radiation treatment management, 5 treatments</td><td>Radiation Therapy Treatment Mgmt</td></tr>
<tr><td>77431</td><td>1</td><td>Radiation therapy management with complete course of therapy</td><td>Radiation Therapy Treatment Mgmt</td></tr>
<tr><td>77435</td><td>1</td><td>Stereotactic body radiation therapy, treatment management</td><td>Radiation Therapy Treatment Mgmt</td></tr>
</table>

These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself.
A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends.

</td>
<td>February 01, 2025</td>
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UnitedHealthcare

Molecular Pathology Policy, Professional and Facility	Colorado District of Columbia Florida Hawaii Kentucky Maryland Massachusetts Michigan Minnesota Missouri New Jersey New Mexico New York North Carolina Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin	• Effective with dates of service on or after 02/01/2025 UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • 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.	February 01, 2025

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Diagnosis Code Requirement Policy, Professional and Facility	Texas	• Effective with dates of service May 1, 2024, UnitedHealthcare Community Plan 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, effective January 1, 2025, 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 verses 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.	January 01, 2025
Home Health Services Policy, Professional	Indiana	• Effective for dates of service on or after January 1, 2024, UnitedHealthcare Community Plan 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 dates of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.	January 01, 2024
Anesthesia Policy, Professional	Mississippi	• In alignment with CMS, UnitedHealthcare Community Plan will update the Anesthesia Policy, Professional. Effective for claims with dates of service from September 18,2024, and forward, additional base units for qualifying circumstances codes 99100, 99116, 99135 and 99140 will no longer be included in reimbursement.	January 01, 2024
Preventive Medicine and Screening Policy, Professional	Texas	• The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service 08/01/2024 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventative Medicine E/M service on the same day for the same patient by the same provider. • The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.	February 01, 2025

Preventive Medicine and Screening Policy, Professional	Minnesota	• The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service 08/01/2024 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventative Medicine E/M service on the same day for the same patient by the same provider. • The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.	January 01, 2025
CCI Editing Policy, Professional and Facility	Colorado Florida Hawaii Maryland Massachusetts Michigan Minnesota Missouri New Mexico New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin	• Effective for dates of service on or after Feb 1, 2025, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. ○ 29824 (Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) ○ 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis.	February 01, 2025

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

Reimbursement Policy Code Updates – Multiple Policies	Multiple	In response to Provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.
		
		• Information regarding these code updates can be found in the history section which is located at the end of the posted policy.
		• Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.
		• Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.
		• UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.
		• Check published policy to determine impact at the state level.
		• The following UnitedHealthcare policies have recently been updated to include code changes:
		    • Age to Diagnosis Code and Procedure Code Policy, Professional
		    • Anesthesia, Professional
		    • Care Plan Oversight, Professional
		    • Clinical Diagnostic Lab, Professional
		    • Diagnosis Code Requirement Policy, Professional and Facility
		    • Discarded Drugs and Biologicals, Professional and Facility
		    • Gender to Procedure and Diagnosis, Professional
		    • Home Health Services, Professional
		    • Intraoperative Neuromonitoring, Professional
		    • Kansas Obstetrical Sonogram Policy, Facility
		    • Laboratory Services, Professional
		    • Maximum Frequency per Day HCPCS, Professional
		    • Medically Unlikely Edits (MUE), Professional and Facility
		    • National Drug Code (NDC) Requirement Policy, Professional and Facility
		    • Non-Covered and Covered Codes Policy, Facility
		    • Non-Covered and Covered Codes Policy, Professional
			December 01,2024

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Obstetrical Services, Professional • Obstetrical Ultrasound, Professional • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Readmission, Facility • Replacement Codes Policy, Professional • Respiratory Viral Panel Testing, Professional and Facility • Revenue Codes Requiring Procedure Codes, Facility • Sexually Transmitted Infection Testing Policy Professional and Facility • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional	

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

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 Community Plan Reimbursement Policies is available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan.

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