

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: January 2025

New																																																											
Policy Title	State(s)	Policy summary	Effective Date																																																								
Radiation Therapy - Dosimetry, Simulation/Devices and Management Policy, Professional and Facility - Reminder	Colorado Hawaii Maryland Missouri New York North Carolina Pennsylvania Washington Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 01, 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 border="1"> <thead> <tr> <th>Procedure Code</th> <th>Reimbursable Units</th> <th>Descriptions</th> <th>Treatment Description</th> </tr> </thead> <tbody> <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> </tbody> </table> <ul style="list-style-type: none"> 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. 	Procedure Code	Reimbursable Units	Descriptions	Treatment Description	77280	4	Therapeutic radiology simulation-aided field setting; simple	Simulation	77285	2	Therapeutic radiology simulation-aided field setting; intermediate	Simulation	77290	3	Therapeutic radiology simulation-aided field setting; complex	Simulation	77295	2	3-dimensional radiotherapy plan, including dose-volume histograms	3-D Radiotherapy	77300	10	Basic radiation dosimetry calculation	Basic Dosimetry	77301	5	Intensity modulated radiotherapy plan, including dose-volume histograms	IMRT Dose Planning	77332	10	Treatment devices, design and construction; simple	Treatment Devices	77333	10	Treatment devices, design and construction; intermediate	Treatment Devices	77334	10	Treatment devices, design and construction; complex	Treatment Devices	77338	5	Multi-leaf collimator (MLC) design and construction per IMRT plan	MLT Device for IMRT	77427	9	Radiation treatment management, 5 treatments	Radiation Therapy Treatment Mgmt	77431	1	Radiation therapy management with complete course of therapy	Radiation Therapy Treatment Mgmt	77435	1	Stereotactic body radiation therapy, treatment management	Radiation Therapy Treatment Mgmt	February 01, 2025
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		<ul style="list-style-type: none"> • 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. 	
<p>Molecular Pathology Policy, Professional and Facility - Reminder</p>	<p>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</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after February 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. 	<p>February 01, 2025</p>

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Preventive Medicine and Screening Policy, Professional - Reminder	Texas	<ul style="list-style-type: none"> The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service August 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. <p>The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.</p>	February 01, 2025

<p>CCI Editing Policy, Professional and Facility - Reminder</p>	<p>Colorado Florida Hawaii Maryland Massachusetts Michigan Minnesota Missouri New Mexico New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after February 01, 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. <ul style="list-style-type: none"> ○ 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) • 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis. 	<p>February 01, 2025</p>
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Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates - Multiple Policies	Multiple	<p>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.</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Add-On Codes, Professional Age to Diagnosis Code and Procedure Code Policy, Professional Anesthesia, Professional Appropriate Patient Discharge Status for Type of Bill Policy, Facility CCI Editing, Professional Contrast & Radiopharmaceutical Materials, Professional Evaluation and Management (EM), Professional From - To Date, Professional Gender to Procedure and Diagnosis, Professional 	January 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Hospital Inclusive Charges, Facility • Incontinence Supply, Professional • Injection into TS, CT, TT, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Molecular Pathology, Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Observation Services, Facility • Obstetrical Services, Professional • Otoacoustic Emissions Testing, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Readmission, Facility • Rebundling, Professional • Revenue Codes Requiring Procedure Codes, Facility • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional • Vitamin D Testing - Louisiana 	



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](#).