

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: February 2024

New			
Policy title	State(s)	Policy summary	Effective date
Diagnosis Code Requirement Policy, Professional and Facility	Colorado District of Columbia Florida Hawaii Maryland Massachusetts Michigan Minnesota Missouri New York North Carolina Ohio Pennsylvania Rhode Island Virginia Washington Wisconsin	- 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, 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.	May 1, 2024

Updated			
Policy title	State(s)	Policy summary	Effective date
Outpatient Hospital Inappropriate Primary Diagnosis Codes Policy, Facility	Arizona Colorado District of Columbia Florida Hawaii Indiana Kansas Kentucky Maryland Michigan Minnesota Mississippi Missouri Nebraska New Jersey New York North Carolina Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin	- UnitedHealthcare Community Plan is retiring the existing Outpatient Hospital Inappropriate Primary Diagnosis Codes Policy, Facility. - Coding guidelines will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.	May 1, 2024

Inappropriate Primary Diagnosis Codes Policy, Professional	Arizona Colorado District of Columbia Florida Hawaii Indiana Kansas Kentucky Louisiana Maryland Massachusetts Michigan Minnesota Mississippi Missouri Nebraska New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin	• UnitedHealthcare Community Plan is retiring the existing Inappropriate Primary Diagnosis Codes Policy, Professional. • Coding guidelines will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.	May 1, 2024
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Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Telehealth/Virtual Health Policy, Professional	Arizona Colorado District of Columbia Florida Hawaii Indiana Kansas Kentucky Maryland Massachusetts Michigan Minnesota Mississippi Missouri Nebraska New York North Carolina Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington Wisconsin	- Effective with dates of service on or after May 1, 2024, UnitedHealthcare Community Plan will enhance the Telehealth/Virtual Health Policy, Professional to include both Facility and Professional Services. This Enhanced Policy (Telehealth/Virtual Health Policy, Professional and Facility) will integrate the existing guidelines covered by the Telehealth/Virtual Policy, Professional. - Additionally, the policy will address 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.	May 1, 2024



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](#).