

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: March 2024

New/Revised		
Policy Title	Effective Date	Summary of Changes
Integration of Commercial Reimbursement Policies into Individual Exchange Plans - Reminder	April 1, 2024	<p>Effective for dates of service on or after April 1, 2024, UnitedHealthcare Commercial reimbursement policies will also apply to UnitedHealthcare Individual Exchange Plans (aka Individual and Family Plans). Except for those policies described in this article, all Commercial policies will apply as written to Individual Exchange Plans and there should be no difference in provider experience.</p> <p>As part of this alignment with Commercial policies, some new and different policies and/or editing will apply to Individual Exchange Plans. These impacted policies are listed below. Please refer to the commercial reimbursement policy section of uhcprovider.com for details of each policy.</p> <ul style="list-style-type: none"> • Age to Diagnosis Code and Procedure Code Policy, Professional • Anesthesia Policy, Professional • Drug Testing Policy, Professional • Laboratory Services Policy, Professional • Procedure and Place of Service Policy, Professional • Supply Policy, Professional • Acupuncture Policy, Professional • Hospital Based Ambulance Policy, Facility • Inpatient Unacceptable Principal Diagnosis Policy, Facility • Outpatient Hospital Blood and Blood Products Policy, Facility <p>Also effective for dates of service on or after April 1, 2024, UnitedHealthcare will retire the existing UnitedHealthcare Individual Exchange reimbursement policies except for the following policies unique to the UnitedHealthcare Individual Exchange Plans which will continue to be available on uhcprovider.com (please continue to refer to the Individual</p>

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		<p>Exchange reimbursement policy section for the details of these policies). To the extent there are Commercial versions of the below policies, they will <u>not</u> apply to UnitedHealthcare Individual Exchange Plans:</p> <ul style="list-style-type: none"> • Assistant-at-Surgery Services Policy, Professional • Bilateral Procedures Policy, Facility • Clinical Diagnostic Lab Policy, Professional • Facility Billing Policy, Facility • Habilitative and Rehabilitative Services Policy, Professional and Facility • Hearing Aids Policy, Professional • Molecular Pathology Policy, Professional • Provider Preventable Conditions: Healthcare Acquired Conditions and Present on Admission Policy, Facility • Revenue Codes Requiring Procedure Code Policy, Facility <p>Note – This policy list may be subject to change.</p>
Diagnosis Code Requirement Policy, Professional and Facility - Reminder	May 1, 2024	<ul style="list-style-type: none"> • Effective with date of service May 1, 2024, UnitedHealthcare Individual Exchange Plans 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. <ul style="list-style-type: none"> ○ 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. • Providers are expected to accurately submit diagnosis codes in alignment with ICD-10-CM requirements.
Revised		
Policy Title	Effective Date	Summary of Changes
• Telehealth/Virtual Health Policy, Professional	May 1, 2024	<ul style="list-style-type: none"> • 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.

Revised		
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<ul style="list-style-type: none"> Telehealth Policy, Facility Reminder 		<ul style="list-style-type: none"> 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.
Retired		
Policy Title	Effective Date	Summary of Changes
Outpatient Hospital Inappropriate Primary Diagnosis Code Policy, Facility - Reminder	May 1, 2024	<ul style="list-style-type: none"> UnitedHealthcare is retiring the Outpatient Hospital Inappropriate Primary Diagnosis Code Policy, Facility. Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.
Inappropriate Primary Diagnosis Codes Policy, Professional - Reminder	May 1, 2024	<ul style="list-style-type: none"> UnitedHealthcare is retiring the Inappropriate Primary Diagnosis Codes Policy, Professional. Coding guidelines from this policy will be included in the new Diagnosis Code Requirement Policy, Professional and Facility.

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 Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Policies and Protocols > Exchange-Policies > [Exchanges-Reimbursement-Policies](#).