

**Procedure to Place of Service Policy, Professional**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®\*), Centers for 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.**

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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**Application**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

UnitedHealthcare Community Plan follows Current Procedural Terminology (CPT®) code descriptions/guidelines and Healthcare Common Procedure Coding System (HCPCS) procedure code definitions/guidelines that indicate a Place of Service (POS) in their descriptions when assigning the applicable places of service.

**Reimbursement Guidelines**

This policy addresses the appropriate places of service for certain CPT and HCPCS procedure codes. Descriptions of some CPT and HCPCS codes included in what places of service the code may be used. For example, it would not be appropriate to submit place of service “inpatient” for a code that states, “office or outpatient visit”.

UnitedHealthcare Community Plan has established a list of CPT and HCPCS codes along with their appropriate places of service. For any code that is not on the list, the place of service is not limited.

Note that any procedure code reported with an appropriate place of service may also be subject to other UnitedHealthcare Community Plan reimbursement policies.

State Exceptions	
<b>Arizona</b>	Arizona Medicaid has a state specified procedure to place of service list.
<b>California</b>	California Medicaid allows: <ul style="list-style-type: none"> <li>• 90471 in POS 01 &amp; 11 when billed by a Pharmacists</li> <li>• 99000 in POS 81</li> <li>• 99211 in POS 01 &amp; 11 when billed by a Pharmacists</li> <li>• 99241-99245 in POS 12, 55 &amp; 81</li> </ul>
<b>Colorado</b>	Colorado Medicaid allows: <ul style="list-style-type: none"> <li>• 99202-99205 &amp; 99211-99215 in POS 03</li> <li>• 99217-99220 in POS 21, 51, 55, 61 &amp; 62</li> <li>• 99241-99245 in POS 31 &amp; 32</li> <li>• 99318 in POS 02 &amp; 10</li> <li>• H0011 in POS 55</li> <li>• H0015 in POS 03, 04, 11, 13, 14, 31, 32, 33, 54 &amp; 56</li> <li>• H0019 in POS 13, 14 &amp; 53</li> <li>• H0035 in POS 22 &amp; 53</li> <li>• S9480 in POS 11, 52, 54 &amp; 56</li> </ul>
<b>Florida</b>	Florida Medicaid allows: <ul style="list-style-type: none"> <li>• T1015 in POS 02</li> </ul> Florida Medicaid does not allow: <ul style="list-style-type: none"> <li>• M0201 in POS 02, 10</li> <li>• POS 27</li> </ul>
<b>Hawaii</b>	Hawaii Medicaid does not allow: <ul style="list-style-type: none"> <li>• 97153, 97154, 97155, 97156, 97157, 97158 &amp; 0373T in POS 03 by ABA providers</li> <li>• T2033 in POS 12</li> </ul>
<b>Indiana</b>	Indiana Medicaid allows: <ul style="list-style-type: none"> <li>• G2078, G2079, G2067 &amp; G2068 in POS 02 &amp; 10</li> <li>• H0010 in POS 55</li> </ul> The state of Indiana allows FQHC/RHC to bill POS 03 for all procedure codes.  Per state regulations the following codes are non-covered: 99027, 99056, 99070, 99483, G0490 and G9490.
<b>Kansas</b>	Kansas Medicaid allows: <ul style="list-style-type: none"> <li>• 94625 &amp; 94626 in POS 02, 11, 22</li> <li>• 96160 &amp; 96161 in POS 11, 12, 17, 19, 20, 22, 23, 25, 49, 50, 53, 57, 62, 71, 72</li> <li>• 99202-99205, 99211-99215, 99439, 99490, Q0514 in POS 12</li> <li>• 99221-99223 &amp; 99304-99306 in POS 02</li> <li>• 99308 in POS 02, 05, 06, 07, 08, 13, 21, 31, 32, 50, 54, 56, 72, 99</li> <li>• G0299 in POS 03, 04, 12, 14, 31, 32, 34, 71, 99</li> <li>• G0151-G0153, G9148-G9150, H0007, S0280-S0281, S0221, S0311, T1030 &amp; T1031 in POS 02 &amp; 10</li> <li>• 99223, 99232 &amp; 99281-99285 in POS 19 &amp; 22</li> <li>• A0225 A0390, A0420, A0426-A0431, A0433, A0434 &amp; S0215 in POS 41</li> <li>• A0422 &amp; A0424 in POS 41, 42</li> <li>• A0435 and A0436 in POS 42</li> <li>• A4310, A4314, A4333, A4334, A4340, A4357, A5120 in POS 4, 12, 99</li> <li>• G0155 &amp; T2042 in POS 04, 12, 14, 31, 32, 34</li> <li>• H0035 in POS 53</li> </ul>

	<ul style="list-style-type: none"> <li>• M0201 in POS 4, 12, 13, 16, 27</li> <li>• 99483, 99495, 99496, G0317, G2211, S5165 in all POS</li> <li>• T2043 in POS 04, 12, 31, 34</li> <li>• T2044 in POS 21, 31, 32, 34</li> <li>• T2045 in POS 21, 34</li> <li>• T2046 in POS 31, 32, 54</li> <li>• T2048 in POS 56</li> </ul> <p>Kansas Medicaid does NOT allow:</p> <ul style="list-style-type: none"> <li>• 11981, 58300 in POS 21</li> <li>• 90670, for ages 19 years and older, in POS POS 21, 24, 41,</li> <li>• 90935, 90747, 97156, 96372, J0882 &amp; J2916 in POS 81</li> <li>• 98960, 98961, 98962 in POS 01, 03, 05, 06, 07, 08, 09, 19, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 54, 56, 60, 61, 62, 65, 72, 81, 99</li> <li>• 99234, 99235 &amp; 99236 in POS 19</li> <li>• A9274 in POS 01, 02, 03, 05, 06, 07, 08, 09, 10, 11, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 65, 71, 72, 81, 99</li> <li>• B4102-B4105, B4149, B4150, B4152-B4155, B4157-B4162 in POS 01, 02, 03, 05, 06, 07, 08, 09, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 65, 71, 72, 81</li> <li>• T2046 in POS 34 &amp; 99</li> <li>• 92002, 92004, 92012, 92014, 92015, 92020, 92071-92072, 92081-92083, 92100, 92132-92134, 92025, 92250, 92285, 92310-92317, 92325-92326, 92370, S0580, S0500, V2020, V2100-V2115, V2118, V2121, V2199, V2200-V2215, V2218-V2221, V2299-V2315, V2318-V2321, V2399, V2410, V2430, V2499, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2623-V2628, V2710, V2715, V2760, V2782-V2784, V2799 in POS 01, 02, 03, 04, 06, 08, 09, 10, 12, 13, 14, 16, 18, 20, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 65, 81, 99</li> <li>• C9145 in POS 21, 24, 41, 81, 99</li> </ul>
<b>Kentucky</b>	<p>Per State Regulations, Kentucky allows:</p> <ul style="list-style-type: none"> <li>• H0011 in POS 55</li> <li>• H0015 in POS 02, 10, 11, 53, 55, 57, 58</li> <li>• H0035 in POS 02, 10, 55, 57, 58</li> <li>• H0038 in POS 02, 10</li> <li>• L8699 in POS 24</li> <li>• S9480 in POS 11</li> </ul> <p>Per State Regulations, Kentucky does not allow:</p> <ul style="list-style-type: none"> <li>• M0201 in POS 02, 10</li> <li>• Place of service 27 is not recognized and will deny if billed</li> </ul>
<b>Maryland</b>	<p>Per State Regulations,</p> <ul style="list-style-type: none"> <li>• Allows 99202 &amp; 99211 in POS 01 for Pharmacists</li> <li>• Allows 99600 in POS 19,21 &amp; 22</li> <li>• Allows 99600 in POS 4, 12 &amp; 99</li> <li>• E&amp;M codes are reimbursable in POS 03 to accommodate School Based Health Centers</li> <li>• Modifier GT must be reported when eligible services are delivered via Telehealth/Telemedicine</li> <li>• Maryland Medicaid does not recognize POS 02 or 10 and will deny if billed</li> </ul>
<b>Massachusetts</b>	<p>Massachusetts allows:</p> <ul style="list-style-type: none"> <li>• S9122 in POS 32</li> </ul>

	<p>Massachusetts does not allow:</p> <ul style="list-style-type: none"> <li>MAUHCSCO: 91300, 91303, 91305, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0094A, 0104A, 0111A, 0112A, M0201 in POS 02, 10</li> <li>MAMMP: 91300, 91303, 91305, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0094A, 0104A, 0111A, 0112A, M0201 in POS 02, 10</li> </ul>
<b>Michigan</b>	<p>Michigan Medicaid denies all:</p> <ul style="list-style-type: none"> <li>CPT and HCPCS in POS 02, 05, 06, 08, 09, 10, 25, 26, 53 &amp; 54</li> </ul>
<b>Minnesota</b>	<p>Minnesota allows:</p> <ul style="list-style-type: none"> <li>S9123 in POS 02 &amp; 10</li> </ul>
<b>Mississippi</b>	<p>Mississippi allows:</p> <ul style="list-style-type: none"> <li>94640 in POS 22 &amp; 19</li> <li>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 &amp; 99215 in POS 03 &amp; 12</li> <li>99354 and 99355 in POS 03, 12, 13, 31 &amp; 32</li> <li>H0035 in POS 99 &amp; 53</li> <li>S9480 in POS 03, 12 &amp; 14</li> <li>T2048 in POS 53</li> </ul>
<b>Missouri</b>	<p>Missouri allows:</p> <ul style="list-style-type: none"> <li>CPTs 99281, 99282, 99283, 99284, 99285, 99222 in POS 02</li> </ul>
<b>Nebraska</b>	<p>Nebraska Medicaid allows</p> <ul style="list-style-type: none"> <li>99221-99223, 99238, 99239 &amp; 99245 billed by a behavioral health provider in POS 02</li> <li>S9480 in POS 11</li> </ul>
<b>New Jersey</b>	<p>New Jersey allows:</p> <ul style="list-style-type: none"> <li>99496 with POS 11</li> </ul>
<b>New York</b>	<p>New York allows:</p> <ul style="list-style-type: none"> <li>E&amp;M codes in 04 and 15 POS</li> </ul>
<b>North Carolina</b>	<p>North Carolina Medicaid allows:</p> <ul style="list-style-type: none"> <li>92310, 92326, 92340-92342, 92353, 92370, V2510, V2520, V2599-V2600, V2610, V2615, V2797, V2799 in POS 03, 11, 21, 22, 31, &amp; 54</li> <li>North Carolina Medicaid does not recognize POS 02 or 10 and will deny if billed</li> </ul>
<b>Ohio</b>	<p>Ohio Medicaid allows:</p> <ul style="list-style-type: none"> <li>T2042 &amp; T2043 in a 31 &amp; 32 POS</li> </ul> <p>OH Medicaid and MMP products allow:</p> <ul style="list-style-type: none"> <li>99202-99205, 99212-99215, 99354 &amp; 99355 with POS 13, 31 &amp; 32</li> <li>99211 with POS 13, 31, 32 &amp; 57</li> <li>99341-99345, 99347-99350 with POS 16</li> <li>H0012 with POS 11</li> </ul> <p>Per Ohio State Regulations, when a general health panel is performed (80050) in POS 81, 80050 is not covered.</p>
<b>Pennsylvania</b>	<p>Per Pennsylvania State Regulations, the following codes are exempt from the policy:</p> <ul style="list-style-type: none"> <li>H0035 when billed in a POS of 53</li> <li>T1015 when billed in a POS of 13, 21, 31, and/or 32</li> <li>T1028 when billed in a POS of 11</li> </ul>

<b>Rhode Island</b>	<p>Rhode Island Medicaid:</p> <ul style="list-style-type: none"> <li>• H0019 when billed in a POS of 14 or 53</li> <li>• 99221 when billed in a POS of 14</li> <li>• 99226 when billed in a POS of 26</li> </ul> <p>Rhode Island Medicaid does not allow:</p> <ul style="list-style-type: none"> <li>• M0201 in POS 02 or 10</li> </ul>
<b>Tennessee</b>	<p>Tennessee Medicaid:</p> <ul style="list-style-type: none"> <li>• Services allowed in POS 11 are also allowed in POS 03</li> <li>• G0155 is allowed in POS 53</li> </ul>
<b>Texas</b>	<p>Texas Medicaid allows:</p> <ul style="list-style-type: none"> <li>• G0398, G0399 &amp; G0400 in POS 11</li> </ul> <p>Texas Medicaid does not allow:</p> <ul style="list-style-type: none"> <li>• M0201, M0220 or M0221 in POS 02, 10</li> </ul>
<b>Virginia</b>	<p>Per State Regulations, the following codes are exempt from the policy:</p> <ul style="list-style-type: none"> <li>• H0035 when reported in a POS 22, 23, 49, 53 &amp; 99</li> <li>• POS restrictions are not imposed for procedure codes G0151, G0152, G0153 &amp; G0495</li> </ul> <p>Per State regulations, Virginia allows:</p> <ul style="list-style-type: none"> <li>• Allows 99202 &amp; 99211, 99212, 99213 in POS 01 for Pharmacists</li> </ul>
<b>Washington</b>	<p>Per Washington State Guidelines, the following codes are exempt from the policy when billed in POS:</p> <ul style="list-style-type: none"> <li>• 99202-99205, 99211-99215, G0410-G0411, G2067-G2080, H0015 &amp; H0017, Q5002, S0260 &amp; S9480 in POS 04 &amp; 12</li> <li>• T1001, T1002 &amp; T1003 will deny, and all other codes are allowed when billed with POS 03</li> <li>• T1015 when billed in POS 04, 10, 11, 12,13,14,15,16,17,18,18,19, 2, 20, 22, 24, 25, 31, 32, 33, 34, 4, 49, 5, 50, 52, 53, 54, 55, 56, 57, 58, 6, 60, 62, 65, 7, 71, 72, 8, 9, 99</li> </ul> <p>Behavioral Health providers can bill the following codes in any place of service:</p> <ul style="list-style-type: none"> <li>• 80306, 80307, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96164, 96165, 96167, 96168, 96170, 96171, 96372, 98966, 98967, 98968, 99001, 99075, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99421, 99422, 99423, 99441, 99442, 99443 &amp; 99451</li> <li>• G2012, H0001, H0004, H0010, H0011, H0015, H0016, H0017, H0018, H0019, H0020, H0023, H0025, H0026, H0030, H0031, H0032, H0033, H0034, H0035, H0036, H0038, H0040, H0043, H0045, H0046, H0047, H0050, H2011, H2012, H2014, H2015, H2017, H2021, H2022, H2023, H2025, H2027, H2028, H2031, H2033, H2036, S0109, S9125, S9446, S9480, S9484, S9485, T1001, T1013, T1016, T1023, T2038, U0001 &amp; U0002</li> </ul>
<b>Wisconsin</b>	<p>Wisconsin Medicaid allows procedures in specific POS.</p> <p>Wisconsin Medicaid does not reimburse POS 27.</p>

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Why aren't all CPT and HCPCS codes addressed in this policy?</p> <p><b>A:</b> The intent of the Procedure to Place of Service Policy is to limit the place of service for CPT and HCPCS codes to places of service that are in their description. It is not intended to be all inclusive.</p>
<b>2</b>	<p><b>Q:</b> Where do the places of service codes come from?</p>

A: CMS defines places of services and assigns corresponding codes to them.

**Attachments**

<a href="#">Arizona Procedure to Place of Service List</a>	A list of CPT and HCPCS codes with corresponding allowable places of service for Arizona Medicaid products.
<a href="#">Medicaid Procedure to Place of Service List</a>	A list of CPT and HCPCS codes with corresponding allowable places of service for Medicaid products.
<a href="#">Place of Service List</a>	A list of place of service codes.

**Resources**

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, Place of Service Code Set

**History**

<b>5/12/2024</b>	Policy Version Change State Exceptions: New Jersey added Attachments: Medicaid Procedure to Place of Service List updated History section: Entries prior to 5/12/2022 archived
<b>4/28/2024</b>	Policy Version Change State Exceptions: New Jersey added Attachments: Arizona Procedure to Place of Service list updated History section: Entries prior to 4/28/2022 archived
<b>4/21/2024</b>	Policy Version Change State Exceptions: Rhode Island updated
<b>4/14/2024</b>	Policy Version Change State Exceptions: Kansas, Hawaii and Florida updated Attachments: Arizona Procedure to Place of Service list updated History section: Entries prior to 4/14/2022 archived
<b>3/17/2024</b>	Policy Version Change State Exceptions: Washington updated
<b>3/10/2024</b>	Policy Version Change State Exceptions: Indiana and Texas updated Attachments: Arizona Procedure to Place of Service list updated History section: Entries prior to 3/10/2022 archived
<b>2/25/2024</b>	Policy Version Change State Exceptions: Hawaii, Kansas and Kentucky updated
<b>2/18/2024</b>	Policy Version Change



	State Exceptions: Kansas updated Attachments: Arizona Procedure to Place of Service list updated History section: Entries prior to 2/18/2022 archived
<b>2/11/2024</b>	Policy Version Change State Exceptions: Indiana and Kansas updated Attachments: Medicaid Procedure to Place of Service List updated
<b>2/4/2024</b>	Policy Version Change State Exceptions: Florida and Indiana updated Attachments: Arizona Procedure to Place of Service list and Medicaid Procedure to Place of Service List updated
<b>1/21/2024</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service list, Medicaid Procedure to Place of Service List and Place of Service List updated History section: Entries prior to 1/21/2022 archived
<b>1/14/2024</b>	Policy Version Change State Exceptions: Kentucky and Wisconsin updated Attachments: Arizona Procedure to Place of Service list and Place of Service List updated
<b>1/1/2024</b>	Policy Version Change State Exceptions: Missouri added Attachments: Medicaid Procedure to Place of Service List and Place of Service List updated History section: Entries prior to 1/1/2022 archived
<b>12/17/2023</b>	Policy Version Change State Exceptions: Indiana added Attachments: Arizona Procedure to Place of Service updated History section: Entries prior to 12/17/2021 archived
<b>12/10/2023</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service updated
<b>11/26/2023</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service updated
<b>11/12/2023</b>	Policy Version Change State Exceptions: Kansas and Virginia updated History section: Entries prior to 11/12/2021 archived
<b>11/5/2023</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service
<b>10/22/2023</b>	Policy Version Change State Exceptions: Kansas updated History section: Entries prior to 10/22/2021 archived
<b>10/8/2023</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service History section: Entries prior to 10/8/2021 archived
<b>9/17/2023</b>	Policy Version Change State Exceptions: Kansas updated
<b>8/27/2023</b>	Policy Version Change State Exceptions: Florida, Kentucky, Massachusetts, Rhode Island and Texas updated Attachments: Arizona Procedure to Place of Service History section: Entries prior to 7/23/2021 archived

<b>7/23/2023</b>	Policy Version Change State Exceptions: Wisconsin updated Attachments: Updated Medicaid Procedure to Place of Service List updated and removed Wisconsin Medicaid CPT List History section: Entries prior to 7/23/2021 archived
<b>7/9/2023</b>	Policy Version Change State Exceptions: Ohio updated Attachments: Medicaid Procedure to Place of Service List updated History section: Entries prior to 7/9/2021 archived
<b>6/25/2023</b>	Policy Version Change State Exceptions: Kansas and Maryland updated Attachments: Wisconsin Medicaid CPT List History section: Entries prior to 6/25/2021 archived
<b>6/11/2023</b>	Policy Version Change State Exceptions: Wisconsin updated Attachments: Medicaid Procedure to Place of Service, Place of Service, Arizona Procedure to Place of Service and Wisconsin Medicaid CPT Lists updated History section: Entries prior to 6/11/2021 archived
<b>5/28/2023</b>	Policy Version Change State Exceptions: Kentucky and Maryland updated
<b>5/21/2023</b>	Policy Version Change State Exceptions: Hawaii, Kansas, Kentucky and Michigan updated History section: Entries prior to 5/21/2021 archived
<b>4/16/2023</b>	Policy Version Change State Exceptions: Kansas and Wisconsin updated Attachments: Wisconsin Medicaid CPT List
<b>4/2/2023</b>	Policy Version Change State Exceptions: Kansas and Wisconsin updated Attachments: Wisconsin Medicaid CPT List
<b>3/19/2023</b>	Policy Version Change Attachments: Updated Medicaid Procedure to Place of Service List
<b>2/26/2023</b>	Policy Version Change State Exceptions: Wisconsin updated Attachments: Updated Arizona Procedure to Place of Service List and Wisconsin Medicaid CPT List History section: Entries prior to 2/26/2021 archived
<b>2/19/2023</b>	Policy Version Change Attachments: Updated Medicaid Procedure to Place of Service List
<b>2/12/2023</b>	Policy Version Change State Exceptions: Wisconsin updated Attachments: Wisconsin Medicaid CPT List
<b>2/5/2023</b>	Policy Version Change State Exceptions: Minnesota added Attachments: Arizona Procedure to Place of Service List updated
<b>1/22/2023</b>	Policy Version Change State Exceptions: Kansas Updated, Colorado added History section: Entries prior to 1/22/2021 archived
<b>1/15/2023</b>	Policy Version Change



	State Exceptions: Wisconsin updated Attachments: Updated Medicaid Procedure to Place of Service List and Wisconsin Medicaid CPT List History Section: Entries prior to 1/15/2021 archived
<b>12/18/2022</b>	Policy Version Change State Exceptions: Wisconsin updated Attachments: Wisconsin Medicaid CPT List History section: Entries prior to 12/18/2020 archived
<b>12/11/2022</b>	Policy Version Change State Exceptions: Kansas updated History section: Entries prior to 12/11/2020 archived
<b>11/20/2022</b>	Policy Version Change State Exceptions: Wisconsin updated
<b>11/13/2022</b>	Policy Version Change State Exceptions: North Carolina updated and Rhode Island added Attachments: Arizona Procedure to Place of Service List updated
<b>10/28/2022</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service List updated
<b>10/24/2022</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service List updated History section: Entries prior to 10/30/2020 archived
<b>9/11/2022</b>	Policy Version Change State Exceptions: Wisconsin updated
<b>8/30/2022</b>	Policy Version Change Attachments: Arizona Procedure to Place of Service List updated
<b>8/14/2022</b>	Policy Version Change State Exceptions Section: Kansas updated
<b>8/7/2022</b>	Policy Version Change State Exceptions Section: Michigan and Wisconsin updated Attachments: Wisconsin Medicaid CPT List updated
<b>7/24/2022</b>	Policy Version Change State Exceptions Section: Washington and Wisconsin updated Attachments: Wisconsin Medicaid CPT List updated History section: Entries prior to 7/24/2020 archived
<b>7/10/2022</b>	Policy Version Change State Exceptions Section: Washington and Wisconsin updated Attachments: Arizona Procedure to Place of Service List updated History section: Entries prior to 7/10/2020 archived
<b>5/15/2022</b>	Policy Version Change State Exceptions Section: Wisconsin and Kansas updated Attachments: Arizona Procedure to Place of Service List updated
<b>5/13/2012</b>	Policy Implemented by UnitedHealthcare Community Plan