

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: January 2022

member's benefit plan and any applicable federal or state regulatory requirements.

Revised		
Policy Title	Effective Date	Summary of Changes
Molecular Pathology Policy, Professional and Facility	February 1st, 2022	 Revision of the Overview section with additional details regarding the MoIDX Program. Updated the Reimbursement Guidelines section with additional details relative to obtaining and reporting unique identifiers for molecular diagnostic tests. Added Definitions and Questions and Answer sections.
Procedure to Modifier Policy Professional	January 1st, 2022	 Revision of the Therapy Services Requiring a Modifier Reimbursement Guidelines section with updated CMS payment policy as follows: CMS is implementing the final part of section 53107 of the Bipartisan Budget Act of 2018, which requires CMS, through the use of new modifiers (CQ and CO), to identify and make payment at 85% of the otherwise applicable Part B payment amount for physical therapy and occupational therapy services furnished in whole or in part by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) – when they are appropriately supervised by a physical therapist (PT) or occupational therapist (OT), respectively – for dates of service on and after January 1, 2022. In accordance with the CMS final rule, UnitedHealthcare Medicare Advantage will reimburse providers with Medicare Fee For Service (FFS) contract agreements at 85% of the otherwise applicable Part B payment amount.

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

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