Outpatient Medical Visits and Trauma Activation Policy, Facility

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 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. This reimbursement policy applies to all health care services 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 facility 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 products.

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities

Policy

Overview

This policy describes how UnitedHealthcare reimburses UB04 claims for outpatient medical visits when submitted in addition to other procedure codes and when in circumstances when multiple medical visit codes are submitted. The policy also addresses when trauma activation occurs in addition to critical care services.

Reimbursement Guidelines

Multiple Visits

According to Centers for Medicare and Medicaid Services (CMS) when distinct and independent medical visits occur on the same date of service under the same revenue code condition code G0 must be submitted. Multiple visits meeting these criteria that are submitted without condition code G0 are not separately reimbursable.

Same Day Medical Visits

The CMS Integrated Outpatient Code Editor (IOCE) has established guidelines when medical visits are performed on the same day as a procedure. A separately identifiable status indicator V evaluation and management (E/M) code can be submitted on the same date of service as a procedure that has a status indicator of S or T if a modifier is appropriately applied. In these circumstances it would be appropriate to append modifier 25 to the E/M code to indicate the E/M service performed was separate and distinct. For status indicator/CPT crosswalk please go to: https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs >OCEQtrReleaseFiles>Data Table Reports>Data_HCPCS

Status V Medical Visit Codes

92002	92004	92012	92014	95250
98975	99453	99460	99463	99495
99496	G0175	G0245	G0246	G0248
G0249	G0402			

Trauma Activation

In alignment with CMS guidelines, in order to bill for trauma activation there must have been prehospital notification based on triage information from prehospital caregivers, who meet either local, state or American College of Surgeons field triage criteria, or are delivered by inter-hospital transfers, and are given the appropriate team response.

Trauma activation code G0390 can be submitted separately under revenue code 68X (068X) when provided on the same date of service as critical care service 99291. Revenue code 68X (068X) may only be used by trauma centers/hospitals as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons. Trauma activation is considered a one-time occurrence in association with critical care service. Therefore, only one unit of G0390 is reimbursable per date of service.

Trauma Activation will be considered for reimbursement only when the criteria for revenue code 068x, HCPCS code G0390, and critical care code 99291 are met and are reported on the same date of service.

State Exceptions

States Exempt from Policy	Arizona, Indiana, Kansas, Louisiana, Massachusetts, Minnesota, Mississippi, Nebraska, Tennessee, Texas

Definitions

Condition Code G0	Distinct Medical Visit
Revenue Code 68X (068X)	Trauma Response

Status Indicator S	Procedure or Service, Not Discounted when Multiple
Status Indicator T	Procedure or Service, Multiple Procedure Reduction Applies
Status Indicator V	Clinic or Emergency Department Visit

Questions and Answers	
1	**Q:** Should we report condition code G0 if the medical visits were reported under different revenue codes? **A:** No. It is not appropriate to report condition code G0 unless multiple medical visits occurred on the same day with the same revenue center and the visits were distinct and constituted independent visits. For example, the patient received services in the emergency department twice in the same day, once in the morning and once in the evening.
2	**Q:** If critical care services reported by 99291 are not provided can we still submit trauma activation code G0390? **A:** Trauma activation code G0390 submitted with revenue code 68X (068X) will not be considered for separate reimbursement if it is not performed on the same date of service as critical care service 99291.

Resources
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Center for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Center for Medicare and Medicaid Services (CMS) Integrated Outpatient Code Edit (IOCE

History	
11/14/2023	Policy Version Change State Exceptions Section: Kentucky and New Jersey removed
09/01/2023	Policy Implemented by UnitedHealthcare Community Plan
05/04/2023	Policy Approved by Reimbursement Policy Oversight Committee

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