

**Provider Based Billing Policy, Professional and 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 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.*

*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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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 services reported using a CMS 1500 form and the UB-04 claim 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**

Provider based billing refers to services rendered in a hospital-based outpatient clinic or location. UnitedHealthcare recognizes the Place of Service (POS) 11 (Office) CPT definition and will not reimburse the facility component of provider-based billing when the coinciding professional claim is reported for the same member on the same date of service with (i) POS 11 or (ii) POS 19 with only an E/M service.

**Reimbursement Guidelines**

UnitedHealthcare will consider for reimbursement services reported with Facility Clinic Services Codes if a professional claim for the same member on the same date of service is reported with POS 19 (Off Campus-Outpatient Hospital) and includes Medical/Surgical Service(s).

UnitedHealthcare will consider for reimbursement at the Non-Facility Practice Expense RVU rate those professional claims submitted with POS 19 and only an Office Evaluation and Management (E/M) service.

UnitedHealthcare will not reimburse for services reported with Facility Clinic Services Codes if a professional claim for the same member on the same date of service meets one of the following criteria:

1. Submitted with POS 11.

2. Submitted with POS 19 (Off Campus-Outpatient) and only an Office E/M service.

This policy does not apply to the following facility types:

- Psychiatric, Rehabilitation, Long-Term Care, Children's and Cancer Hospitals or Hospital Units.
- Hospitals located in Maryland, Puerto Rico or the U.S. territories.
- Hospitals that are not required to submit quality data (i.e., those that are not Subsection (d) hospitals)
- Subpart (d) hospitals that are not paid under the OPSS (e.g., Indian Health Service hospitals)

In addition, this policy does not apply to Consultation Services performed in POS 19 (for example, consultations during an observation stay). Please refer to the Consultation Services Policy for guidance on those services.

**Codes**

<b>Office Evaluation and Management (E/M) CPT Codes</b>	99202-99215
<b>Medical/Surgical CPT Codes</b>	10004-69999, 90281-90756, 90935-98943, 99100-99199
<b>Facility Clinic Services Codes</b>	Revenue Codes 510-519 with HCPCS code G0463 and CPT code(s) 99202-99215

**Definitions**

<b>Non-Facility Practice Expense RVU rate</b>	This component addresses the costs of maintaining a practice including rent, equipment, supplies and nonphysician staff costs
<b>Medical/Surgical Services</b>	Services on a professional claim reporting the Medical/Surgical CPT Code(s)

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Why does UnitedHealthcare consider reimbursement of the facility clinic claim when the corresponding professional claim includes a Medical/Surgical Service in addition to the Office E/M CPT Code?</p> <p><b>A:</b> UnitedHealthcare realizes in many cases these services could be billed and paid as office visits even when Medical/Surgical Services are performed. However, UnitedHealthcare also recognizes that when Medical/Surgical Services are performed the facility likely provided resources for the service.</p>
<b>2</b>	<p><b>Q:</b> Why will UnitedHealthcare consider reimbursement at the Non-Facility Practice Expense RVU Rate when POS 19 is reported with an Office E/M CPT Code but no Medical/Surgical Services?</p> <p><b>A:</b> UnitedHealthcare will reimburse at the Non-Facility Practice Expense RVU Rate to compensate for the cost of maintaining a practice.</p>

**Resources**

Centers for Medicare and Medicaid Services (CMS), Manual System and Other CMS publications and services

**History**

<b>1/1/2022</b>	Policy implemented by United Healthcare Employer & Individual
<b>4/21/2021</b>	Policy approved by Reimbursement Policy Oversight Committee