

Updated Ambulance Reimbursement Policy for UnitedHealthcare Community Plan - Texas

Effective 11/1/2020

Effective November 1, 2020 we're updating our Ambulance Reimbursement Policy, Professional, for some ambulance services rendered to UnitedHealthcare Community Plan members. This policy update applies for dates of service on or after November 1, 2020

What this means for you

In accordance with guidelines from the Centers for Medicare & Medicaid Services (CMS), we're implementing a 23% reimbursement rate reduction for non-emergency **HCPCS code A0428** (ambulance service, basic life support (BLS), non-emergency transport) and associated mileage code **A0425** (ground mileage, per statute mile).

This new reimbursement rate applies when transportation is to and from renal dialysis treatment facilities and the BLS transport is billed with modifier code "**G**" (hospital-based ESRD) or "**J**" (freestanding ESRD facility) in either the origin or destination position of an ambulance modifier. Claims should be submitted using the CMS-1500 claim form or its electronic equivalent.

To read the full reimbursement policy, go to [UHCprovider.com/policies](https://uhcprovider.com/policies) > Community Plan Policies > **Reimbursement Policies for Community Plan.**

Note about reimbursement policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases, supersede this policy. These factors include, but are not limited to, federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500, its electronic equivalent or its successor form. UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan **Care Provider Manual.**

Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Additionally, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply. If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.

We're here to help

If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate. Thank you.

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PCA-1-20-01925-C&S-FLYR_07212020
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