

Update to Observation Services Facility Policy – Starting March 1, 2019

In April 2018, we posted a notice about a new Observation Services Facility Policy for UnitedHealthcare Community Plan members that started May 1, 2018. The policy requires care providers to use code G0378 to report observation services. However, because the policy edits did not take effect in our system until recently, your claims haven't been affected by the policy.

We have now corrected the issue in our system and will start processing outpatient claims billed on a UB-04 form according to the policy guidelines for claims processed on or after March 1, 2019. Outpatient claims that bill code G0378 outside of the state specific maximum hourly units will be denied.

You can find out more about the policy at UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community plan > (click on your state) > Reimbursement Policies.

Note Regarding 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 as follows, these reimbursement policies apply to services reported using the UB-04 Institutional Claim form or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not 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 Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, 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. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

We're Here to Help

If you have questions about this policy, please call Provider Services at the number on the back of the member's ID card.