Quick Reference Guide

Submitting Additional Diagnosis Codes for Encounters

Capitated or delegated care providers must send encounter data for all services and procedures for UnitedHealthcare members. Encounters can be sent electronically with Electronic Data Interchange (EDI) 837. Use this guide if you need to submit more than 12 diagnosis codes on a single HIPAA 5010 837P: Professional claim form. Diagnosis codes must be submitted for services performed when monitoring, evaluating, assessing, and/or treating a condition.

CPT® Codes 99080 (special reports) and 99499 (unlisted evaluation and management service)

Codes 99080 and 99499 don't have the specificity requested for the submission of encounter data to the Centers for Medicare & Medicaid Services (CMS) for risk adjustment. Don't split the claim and submit a second claim with CPT code 99080 or 99499 for additional diagnosis codes.

Z Codes

Z codes are factors that influence health status but don't reflect a disease. For disease conditions assessed in a single visit, prioritize the submission of diagnoses codes rather than Z codes in the 12 available fields. Z codes should be documented in the member's medical record and can be submitted later or through the Alternative Submission Method (ASM).

Alternative Submission Method (ASM)

You can submit supplemental diagnoses for risk adjustment through ASM. If the original encounter had12 diagnosis codes, supplemental diagnoses **must be** submitted through ASM. If you have questions, email asm_ops@optum.com.

Replacement Claims

You can submit a replacement encounter if the total of the supplemental and original diagnosis codes is equal to or less than 12. The original encounter must have a claim frequency type code of "1" and been accepted by UnitedHealthcare. See the following chart for details:

Loop Name	Implementation Name	Loop	Segment	Comments
Claim Information	Claim Frequency Type Code	2300	CLM05-3 is equal to "**7**"	"7" – REPLACEMENT (Replacement of Prior Accepted Encounter) Example: CLM*12345678*400***11:B:**7***Y*A*Y*I*P
Claim Information	Reference Identification Qualifier	2300	REF01 is equal to "F8"	Required when Claim Frequency Type Code is equal to "**7**"
Claim Information	Payer Claim Control Number	2300	REF02	Required data equals the Patient Control Number (Loop 2300 CLM01) from the previously accepted encounter
Claim Information	Diagnosis Code (s)	2300	HI01-2 to HI12-2	

Questions?

If you have questions, please contact your UnitedHealthcare Encounter Data Analyst or email encountercollection@uhc.com.

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