

UNITED HEALTHCARE

RIC RAC Summer 2021 (Q2)

FOLLOW UP QUESTIONS:

Please provide an Update

1. When patient becomes covered under traditional Medicare due to a hospice episode and has dual Medicaid eligibility, UHC seems to have difficulty processing the Medicaid related portion of the claim. Is this being worked on to streamline the payment process? What can we do to hasten the payment cycle?

Response from March 2021:

We are aware of some internal processing challenges with hospice claims for members enrolled with us as full duals. This is primarily due to the unique one claim submission payment processing logic for Alabama that's different than the processing logic for most of our other states. We will continue to address this with our Claims team and hope to have additional updates by next quarter.

Response:

Operational enhancements are scheduled for 2022 that will improve the Provider's experience.

NEW QUESTIONS:

1. If a hospital has to hold patients in another area who are inpatients such as in a heart and vascular procedure unit due to lack of ICU or step -down beds can the hospital bill these patients as inpatients and utilize an ICU or step- down level of care accommodation code?

Response:

The Health System should bill according to what services were provided and level of care.

2. If a psychiatric patient admits through the ED and is "medically cleared" but is awaiting disposition (admission, discharge, or transfer to another facility) can they be temporarily moved to a location that may or may not be physically adjacent to the ED and followed by either psychiatric or ED staff until disposition?

Response:

This generally is not a problem unless the member is a Medicare patient where they have limited private facility days and typically need to be in a med surge hospital or unit.

3. If observation services are ordered and provided in the ED due to lack of beds can the hospital bill an observation facility fee, or would the patient need to be transferred to another unit in order to bill observation?

Response:

Psychiatric: Typically, if the member is in the ED, they would need to admit the patient to a medical floor and bill medical boarding until the patient can be transferred to a psych unit. The facility/ED would still need to call to let the behavioral health clinical team know what's happening and get a behavioral health authorization. The behavioral health clinical teams can also assist with locating a Psych bed in the community.

4. ED E&M and observation E&M ED physician billing

If a psych patient remained in the ED over multiple dates of service while under the primary care of the ED providers/staff, are ED providers able to bill appropriate observation codes (99218-99220; 99224-99226; 99217, 99234-99236) after the appropriate ED E&M visit (99281-99285; 99291-99292) has been billed?

Billing scenario: An ED physician (HCFA specialty 93) sees a patient on 3/1/21 and bills a 99284. The patient is then admitted to an ED Observation unit or ED Observation status. The ED Observation patients are covered by another same specialty ED provider (HCFA 93). Will the payers deny a 99219 billed by the second ED provider that is assuming the initial observation care of this patient on the same day (3/1/21)?

Are there any foreseeable issues with ED providers billing for appropriate observation codes (99218-99220; 99224-99226; 99217, 99234-99236) on a consecutive DOS after the initial ED visit (99281-99285; 99291-99292) was performed and billed by a same specialty ED provider (HCFA 93)?

Response:

Behavioral Health would only cover psych consultation during the ER Visit, regardless of duration. If the patient is in need of a "medical bed" due to need for psych admit, the only time Behavioral Health would pay for days is if the facility has contacted us, we were unable to find a Behavioral Health Inpatient bed, and we authorized the medical bed. Behavioral Health would have to be contacted to authorize the medical bed in order to process the claim. They would have to complete a special Single Case Agreement with negotiated rates as we do not contract or pay medical beds traditionally.