

UNITED HEALTHCARE
RIC/RAC 2015 Summer Meeting
July 13, 2015

United Healthcare Representatives Present:
None

United Healthcare is not with us today, but they did provide answers to our submitted questions.

1. Do you, or could you, offer education on your rejections, therefore, helping us understand and feel more confident when dealing with your claims? [example was attached]

Response: Example attached is a Golden Rule member. This product and claim is handled by another area but if I were to get specific questions I can send those off to my contact for GR and I am certain they can assist with those questions.

2. We would like clarification on proper use for claims of modifiers 59 and XU. [example was attached]

Response: Unfortunately, I am not able to tell providers how to bill. I can assure you there is a lot of helpful information available on UHOnline about modifiers. If you still have trouble and have a reference number from contacting Customer Service please reach out to me and I will be happy to assist.

3. Why do you reject the entire claim instead of a line item if it does not pass edits in your system?

Response: Sometimes line items are denied. I would need to see a specific example in order to better answer this question. Often the system edits are for entire claim rejection and that's how the system is currently set up.

4. What instructions have been given regarding a Medicare Advantage plan member who is approved as observation, discharged and refusing to leave? One payer has said contact Kepro, another said give a hospital letter of self payment - not a HINN, and another said give an ABN. This problem is becoming more and more frequent.

Response: We need additional details to be able to answer this. What currently do they do for original Medicare members in the same situation?