UnitedHealthcare®
Golden Rule Insurance Co.

Mental Health Parity and Addiction Equity Act Disclosure Provider Reimbursement/Coding Edits Frequently Asked Questions

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQTL). This communication is not intended, nor should it be construed, as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Please note, your plan documents govern all benefit determinations and in the case of conflict with this document your plan controls. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card. The following explanations apply to both Medical/Surgical benefits and Mental Health/Substance Use Disorder benefits unless stated otherwise.

How are benefits reimbursed?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The member's plan documents will outline how benefits are reviewed and paid which align with the Plan's Provider Reimbursement/Coding Edit policies.	

Who do Provider Reimbursement/Coding Edit policies apply to?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Provider Reimbursement/Coding Edit policies apply to all claims sent to the Plan from In-Network and Out-of-Network providers.	

Why are Provider Reimbursement/Coding Edit policies created?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Reimbursement policies are developed to ensure accurate coding, billing, and administration of claims. Information is considered, such as industry-standard reimbursement logic, regulatory requirements (laws), and benefit design when developing the reimbursement policies. Reimbursement policies apply to all in-network and out- of-network professionals who deliver health care services.	

How are Provider Reimbursement/Coding Edit policy created?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan Golden Rule Insurance Company (GRIC) is an affiliate company under United Healthcare (UHC). Provider reimbursement policies are created using the following five steps:	

1. Triage/Prioritization: Confirming source and data is available to support a Provider Reimbursement/Coding Edit policy.

2. Research/Analysis: Requests are input from internal business areas on any possible provider and/or member concerns.

3. Governance: The policies are reviewed and approved by UHC leadership.

4. Communication: Providers are notified of new policies through external provider portals. Additional provider communication is completed based on provider impact and need.

5. Deployment: UHC develops the system programming to support the published Provider Reimbursement/Coding Edit policy. Based upon the programming logic, claims may be paid upon auto-adjudication; pended to request additional information from the provider; or administratively denied for various reasons such as unbundling code combinations, incorrect or missing modifiers, exceeding daily frequency limitations, etc.

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How often are Provider Reimbursement/Coding Edit policies updated?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Policies are reviewed at least once a year. They may be reviewed and updated more frequently if needed: • If new information becomes available related to the reimbursement of the service • If clarification is needed • Based on provider feedback	

What factors, sources, and evidentiary standards are involved in developing Provider Reimbursement/Coding Edit policies?

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
The following factors, sources and standards are included in the developed methodology: **Factor** State and Federal Regulatory Requirements is defined as a set of rules to establish standards for healthcare transactions. **Sources and Evidentiary Standards** • <u>Relevant federal and state laws govern proper claims coding and reimbursement</u> **Factor** Benefit Design: Rules that structure how you access your benefits **Sources and Evidentiary Standards** • Your plan documents **Factor** Industry Standard Reimbursement Logic is defined as standard reimbursement terminology that appears in plan requirements **Sources and Evidentiary Standards** • CMS • Clinical Laboratory Fee Schedule (CLFS) • Medicare Administrative Contractors (MACs) **Factor** Valid Current Procedural Terminology (CPT) Coding: The items and services included within certain designated health services (DHS) categories or that may qualify for certain exceptions **Sources and Evidentiary Standards** • American Medical Association • Current Procedural Terminology • Associated publications and services	

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Factor

Valid Healthcare Common Procedure Coding System (HCPCS) Coding: The items and services included within certain designated health services (DHS) categories or that may qualify for certain exceptions.

Sources and Evidentiary Standards

- Centers for Medicare and Medicaid Services (CMS)

- Healthcare Common Procedure Coding System (HCPCS)

- HCPCS Release and Code Sets

Factor

Correct Coding: National correct coding methodologies to reduce improper coding, with the overall goal of reducing improper payments.

Sources and Evidentiary Standards

- CMS payments

- National Correct Coding Initiative (NCCI) publications

When Provider Reimbursement/Coding Edit policies are developed, are Mental Health/Substance Use Disorders treated differently than Medical/Surgical "as written" in policy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. There are comparisons done regularly, and results have found that the process is equal. The same factors, standards, and sources of information used in the development of provider reimbursement or coding edit policies is similar for medical/surgical and mental health/substance use disorder services and therefore comparable and no more strict for mental health/substance use disorder services "as written" in policy.	

Are Mental Health/Substance Use Disorder decisions about Provider Reimbursement/Coding Edit policies made any differently than Medical/Surgical decisions in practice ("in operation")?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. There are steps in place to make sure that both mental health/substance use disorder provider reimbursement or coding edit policies are comparable to, and applied no more strict than, the same factors, standards and sources of information used to develop medical/surgical provider reimbursement or coding edits policies "in operation."	