

UnitedHealth Group Owes Doctors \$350 Million

BY MARY ELLEN SCHNEIDER

Check your mailbox. If you provided covered out-of-network services to patients insured by UnitedHealth Group between March 1994 and November 2009, you may be eligible to receive payments as part of a \$350 million settlement reached last year.

The \$350 million settlement comes after a nearly decade-long legal battle between UnitedHealth Group and several plaintiffs, including the American Medical Association, the Medical Society of the State of New York, and the Missouri State Medical Association. The groups alleged that UnitedHealth Group conspired to systematically underpay physicians for out-of-network medical services by using an industry database of charges to justify lower reimbursements.

Last year, UnitedHealth Group reached a settlement with New York State Attorney General Andrew Cuomo to discontinue use of the database, and the company committed \$50 million to fund the development of a new, independent database that will determine the rates paid for out-of-network care.

In a separate settlement, the company

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codes allow reimbursement for smoking cessation counseling for two quit attempts per patient during the year, and coverage is for four counseling interactions for each quit attempt. For 99406, the physician must document 3-10 minutes of counseling per interaction; for 99407, more than 10 minutes of counseling must be documented.

8. Use all the codes for diabetic foot exams and care. Physicians can bill for an initial foot exam for loss of protective sensation, or LOPS (G0245), as well as a follow-up exam code for LOPS at subsequent visits. In addition to the LOPS code, the code for routine foot care (G0247) can be used if you address the causes of LOPS, by shaving calluses, for example.

9. Keep au courant. Even if you think you know all there is to know about coding, take a coding class every now and then because things change. I pay very close attention to coding and I still find myself looking up the rules and coding changes.

10. Count your time for home health or hospice care plan certification and recertification. If you spend 30 minutes every month reviewing the care plan for a patient in home health or hospice, you can bill for that. A lot of home health care companies have cheat sheets to help you keep track of your time. Reviewing a new care plan can be coded as G0180. Recertification of the care plan after 60 days can be coded as G0179. ■

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agreed to pay \$350 million to reimburse health plan members and out-of-network providers who were underpaid as a result of the flawed database calculations.

Physicians and patients have until July 27, 2010, to opt out of the settlement. Claims for payments from the settlement fund are due by Oct. 5, 2010.

To be eligible to receive part of the settlement, physicians must have provided covered out-of-network services or sup-

plies between March 15, 1994, and Nov. 18, 2009, to patients covered by a health plan that was either administered or insured by UnitedHealthcare, Oxford Health Plans, Metropolitan Life Insurance Companies, American Airlines, or one of their affiliates. In addition, in order to be eligible, physicians must have been given an assignment by the patient to bill the health plan.

Physicians billed via an assignment if

they received a payment directly from the health plan, if they completed box 13 on the HCFA/CMS 1500 form, or if they marked yes in the benefits assignment indicator on an electronic health care claim, according to the AMA. ■

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