State Medicaid Website: www

***Ordersprojectoresed
UnitedHealthcare

United Healthcare Connected				
Contract Effective date: 5/1/14				
Service Level	Rev Code	Payment Method	Rate	Comments
Medicare Reimbursment				
INPATIENT/PART A SERVICES				
Skilled Nursing Services	Revenue Code 0022 with applicable HIPPS Rate code (s)	RUG		
OUTPATIENT/PART B SERVICES				
Covered Outpatient Services	Applicable Revenue Code and CPT/HCPCS Codes	Per Unit via CMS Fee Schedule		
All Other Covered Outpatient Services	Service categories not defined for which there is no CMS Fee Schedule amount for the applicable CPT/HCPC	Percentage of Customary		
	code.	Charge		
Medicaid Reimbursement				
Inpatient Service Category				
Custodial Care day excludes PA 1 & PA 2 Acuity Level	Revenue Code 0101	Per Diem		
Custodial Care days for PA 1 & PA 2 Acuity Level	Revenue Code 0220	Per Diem		
Hospice Room and Board	Revenue Code 0658	Per Diem		
Reserve Days Category				
Nursing facility hospital leave day excludes PA 1 & PA 2 Aculty Level	Revenue Code 0185 (prior year occupancy rate equal to or greater than 95%)	Per Diem		
Nursing facility hospital leave day excludes PA 1 & PA 2 Acuity Level	Revenue Code 0185 (prior year occupancy rate less than 95%)			
Nursing facility therapeutic days excludes PA 1 & PA 2 Acuity Level	Revenue Code 0183 (prior occupancy rate equal to or greater than 95%	Per Diem		
Nursing facility therapeutic days excludes PA 1 & PA 2 Acuity Level	Revenue Code 0183 (occupancy rate less than 95%)	Per Diem		
Nursing facility leave days for PA 1 & PA 2 Acuity Level	Revenue Code 0189 (prior year occupancy rate equal to or greater than 95%)			
Nursing facility leave days for PA 1 & PA 2 Acuity Level	Revenue Code 0189 (prior year occupancy rate less than 95%)	Per Diem		
Respite Service Category				
	Revenue Code 0160 and HCPS Code H0045	Per Diem		
Claims Address: United Healthcare Connected, P.O. Box 8207, Kingston, NY 12402	cted, P.O. Box 8207, Kingston, NY 1240			
Claims Electronic Payer ID: 87726				
Provider Customer Service: 800.600.9007; Fax: 877-877-7597 Monday through Friday 8 a.m. to 5 p.m. (EST)	Fax: 877-877-7597 Monday through F	riday 8 a.m. to	5 p.m. (EST)	
UHC Provider Websites: www.uhccommunityplan.com/ (Provider Administration Manual, Plan coverage and Provider Directory) and www.unitedhealthcareonline.com/ Forms. Bulletins. Elioibility and Claim status)	www.unitednealthcareonline.com/ (Provider Administration Manual, Plan coverage at www.unitednealthcareonline.com/ (Forms. Bulletins. Elicibility and Claim status)	Manual, Plan c	overage and Proving status)	ider Directory) and
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