

September 2019 UnitedHealthcare Network Bulletin Articles & The Empire Plan

The following articles are included in the September 2019 issue of UnitedHealthcare's *Network Bulletin*. The table below denotes which articles apply to The Empire Plan and/or our Empire Plan Network providers. To access *Network Bulletin*, sign on to UHCprovider.com and select "News and Network Bulletin" in the "Resource Library" section (or select News and Network Bulletin in Quick Links at the bottom of the home page). Be sure to read the applicable articles and direct any questions you may have regarding Empire Plan impact to your Empire Plan network representative.

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| Network Bulletin: Article Topic | Applies to The Empire Plan? |
|---|---------------------------------------|
| Front & Center | |
| New Technology Enhances Prior Authorization Process | YES (for Applicable Notifications) |
| Enhancements to 278N Maternity Admissions | NO |
| OptumRx to Retire Fax Numbers Used for Pharmacy Prior Authorization | NO |
| Fax Numbers for UnitedHealthcare Community Plans and Commercial Medical Prior Authorization Requests Retiring Soon | NO |
| Changes to Advance Notification and Prior Authorization Requirements | NO |
| UnitedHealthcare Medical Policy Update Bulletin: September 2019 | See Specific Policy |
| MEDICAL POLICY | |
| Balloon Sinus Ostial Dilation Revised Nov. 1, 2019 | NO |
| Fecal Calprotectin Testing Updated Oct. 1, 2019 | YES |
| Functional Endoscopic Sinus Surgery (FESS) Revised Nov. 1, 2019 | NO |
| MEDICAL BENEFIT DRUG POLICY | |
| Complement Inhibitors (Soliris® & Ultomiris™) Revised Sep. 1, 2019 | YES |
| Enzyme Replacement Therapy Updated Oct. 1, 2019 | YES |
| Hereditary Angioedema (HAE), Treatment and Prophylaxis Revised Sep. 1, 2019 | YES |
| Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors Revised Sep. 1, 2019 | YES |
| Rituximab (Rituxan® & Truxima®) Revised Sep. 1, 2019 | YES |
| Sodium Hyaluronate Revised Oct. 1, 2019 | YES |
| COVERAGE DETERMINATION GUIDELINE (CDG) | |
| Breast Reconstruction Post Mastectomy Revised Aug. 9, 2019 | YES |
| Breast Repair/Reconstruction Not Following Mastectomy Revised Aug. 9, 2019 | YES |
| Habilitative Services and Outpatient Rehabilitation Therapy Updated Oct. 1, 2019 | NO |
| Preventive Care Services Updated Oct. 1, 2019 | YES |
| UTILIZATION REVIEW GUIDELINE (URG) | |
| Outpatient Surgical Procedures – Site of Service Revised Nov. 1, 2019 | NO |
| <i>Oxford Policy Update Bulletin: September 2019</i> | NO |
| <i>UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: September 2019</i> | NO |
| <i>UnitedHealthcare West Medical Management Guideline Update Bulletin: September 2019</i> | NO |
| <i>Community Plan Medical Policy Update Bulletin: September 2019</i> | NO |
| <i>Medicare Advantage Coverage Summary Update Bulletin: September 2019</i> | NO |
| <i>Medicare Advantage Policy Guideline Update Bulletin: September 2019</i> | NO |
| <i>Dental Policy Update Bulletin: September 2019</i> | NO |
| Updates to Requirements for Specialty Medical Injectable Drugs | NO |
| Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and UnitedHealthcare Oxford Commercial Plans | NO |
| UnitedHealthcare Commercial | |
| UnitedHealthcare and the American Cancer Society Collaborate to Help Increase Cancer Screenings | Informational |
| Levemir Coverage Change | NO |
| Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures — Effective Nov. 1, 2019 | NO |
| Best Practices for Children and Adolescents on Antipsychotic Medications | Informational |
| UnitedHealth Premium® Version 12 Designations Effective this Month | NO |
| Updates to Requirements for Prior Authorization for Post-Acute Inpatient Care | NO |
| Updates to Optum Fertility Solutions Guideline | NO |
| <i>UnitedHealthcare Commercial Reimbursement Policy Updates</i> | See Specific Policy |

| Network Bulletin: Article Topic | Applies to The Empire Plan? |
|---|-----------------------------|
| Consultation Services Policy, Professional Oct. 1, 2019 | NO |
| Procedure to Modifier Policy, Professional To be announced | YES |
| Molecular Pathology Policy, Professional Delayed | YES |
| UnitedHealthcare Community Plan ~This section does not apply to The Empire Plan~ | |
| UnitedHealthcare Medicare Advantage ~This section does not apply to The Empire Plan~ | |
| Doing Business Better | |
| Resources for Treating Depression, Substance Use Disorders and Attention-Deficit/Hyperactivity Disorder | Informational |
| Case and Disease Management Programs | NO |
| UnitedHealthcare Affiliates ~This section does not apply to The Empire Plan~ | |
| State News | |
| Improved Provider Services Call Experience | NO |
| UnitedHealthcare Community Plan Outpatient Injectable Cancer Therapy Prior Authorization Requirement | NO |
| Reimbursement Update to Vaccines for Children Program in Florida | NO |