

JUNE 2019

network bulletin

An important message from UnitedHealthcare
to health care professionals and facilities.

Enter



UnitedHealthcare respects the expertise of the physicians, health care professionals and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Network Bulletin was developed to share important updates regarding UnitedHealthcare procedure and policy changes, as well as other useful administrative and clinical information.

Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

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Stay up to date with the latest news and information.

[The Go Paperless Sweepstakes Has Ended — But It's Not Too Late to Go Paperless](#)

The deadline for entry in the last Go Paperless Sweepstakes was May 31. While the sweepstakes has ended, you can still get paperless delivery. >

[Link Enhancement News You Can Use](#)

We've created a Link Enhancement web page to help ensure you know about the latest enhancements we've made to our Link self-service tools. Now you can find all the updates in one place a UHCprovider.com/linkenhancements. Bookmark the page today! >

[Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial and Community Plan Members](#)

We're committed to providing UnitedHealthcare members with access to quality, medically appropriate medications at the lowest possible cost. As part of this commitment, we make regular updates to our requirements for certain specialty medications for UnitedHealthcare commercial and UnitedHealthcare Community Plan members. >

[Additional Prior Authorization Fax Numbers Retiring on Sept. 3, 2019: Use Our Online Tools Instead](#)

We're retiring additional fax numbers used for medical prior authorization. Learn how to submit these requests online instead. >



[Dental Clinical Policy and Coverage Guideline Updates](#) >

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The Go Paperless Sweepstakes Has Ended — But It's Not Too Late to Go Paperless

The deadline for entry in the last Go Paperless Sweepstakes was May 31 and the winners are being contacted now.

While the sweepstakes has ended, you can still go paperless to:

- Spend less time waiting for snail mail
- Receive fewer letters to open, sort and shred

You can use paperless delivery to view claim and prior authorization letters, as well as provider remittance advice for UnitedHealthcare commercial and Medicare members. We're working to add UnitedHealthcare Community Plan letters in the future.



To get started with paperless delivery, go to [UHCprovider.com > Resource Library > Link Self-Service Tools > **Document Vault and Paperless Delivery**](#).

Link Enhancement News You Can Use

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Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial and Community Plan Members

We're committed to providing UnitedHealthcare members with access to quality, medically appropriate medications at the lowest possible cost. As part of this commitment, we make regular updates to our requirements for certain specialty medications for UnitedHealthcare commercial and UnitedHealthcare Community Plan members. These requirements apply to members new to therapy and members already receiving these medications.

What's Changing for UnitedHealthcare Commercial Plans

Evenity™ has been added to the [Review at Launch Medication List](#) for UnitedHealthcare commercial plans. This list is supported by the applicable [Review at Launch for New to Market Medications](#) Medical Benefit Drug Policy. We encourage you to request prior authorization regardless of whether a drug is subject to prior authorization requirements so you can check whether the medication is covered before providing services.

Updates to Coverage for Infliximab Products

In some cases, we ask you to prescribe lower cost options when there are multiple medications used to treat the same condition. Based on the availability of biosimilar drug products and the results of a recent review, we are changing coverage for infliximab products — such as Remicade®, Inflectra® and Renflexis® — for UnitedHealthcare commercial plans, including affiliate plans such as UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare Oxford, Neighborhood Health Partnership, UMR and UnitedHealthcare of the River Valley. Effective Oct. 1, 2019, we'll no longer require the use of Remicade before approving coverage for Inflectra.

To receive coverage approval for Renflexis, we will require documentation as part of the prior authorization review to support the clinical requirement that members must:

- Try both Inflectra and Remicade
- Experience an adverse reaction or have a contraindication to Inflectra and Remicade

This update doesn't remove the requirement to obtain prior authorization for Inflectra or Remicade when administered in an outpatient hospital setting. It also doesn't remove the requirement to obtain prior authorization for Renflexis in the outpatient hospital, office or home setting.

We'll honor all approved prior authorizations on file until the end date on the prior authorization or the date the member's eligibility changes. You don't need to submit a new prior authorization request on Oct. 1, 2019.

What's Changing for UnitedHealthcare Community Plan

Evenity has been added to the [Review at Launch Medication List](#) for UnitedHealthcare Community Plan members. This list is supported by the applicable [Review at Launch for New to Market Medications](#) Medical Benefit Drug Policy.

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Additional Prior Authorization Fax Numbers Retiring on Sept. 3, 2019; Use Our Online Tools Instead

More Fax Numbers Used for Medical Prior Authorization Will Retire Sept. 3, 2019

To help make it easier to do business with us, we're streamlining the process you use to request medical prior authorization. Instead of faxing, use the **Prior Authorization and Notification tool** on Link to submit your requests. On average, it takes less than five minutes to submit a new request and less than three minutes to check the status of a request.

The following fax numbers will be retired on Sept. 3, 2019:

| Retiring Fax Number | Plan |
|---------------------|---|
| 800-278-2907 | |
| 877-940-5348 | UnitedHealthcare Community Plan of Arizona |
| 888-899-1499 | |
| 800-797-6962 | UnitedHealthcare Community Plan of Hawaii |
| 888-899-1680 | UnitedHealthcare Community Plan of Iowa Dual Complete® Plan (DSNP) |
| 866-943-6474 | |
| 877-950-6887 | UnitedHealthcare Community Plan of Kansas |
| 844-267-1082 | UnitedHealthcare Community Plan of Kentucky Dual Compete® Plan (DSNP) |
| 866-968-7582 | |
| 877-239-0231 | UnitedHealthcare Community Plan of New Mexico Dual Compete® Plan (DSNP) |
| 866-839-4066 | UnitedHealthcare Community Plan of Pennsylvania Dual Compete® Plan (DSNP) |

If you haven't used the Prior Authorization and Notification tool before, don't worry. We have resources to make it easy for you to get started. Go to UHCprovider.com/paan to view a quick reference guide, watch a short video tutorial or register for a training webinar. If you're unable to use the Prior Authorization and Notification tool on Link, call Provider Services at **877-842-3210**.



Go to UHCprovider.com/fax for a list of all retired fax numbers and information about fax numbers used for inpatient admission notifications.

[Front & Center](#)

Dental Clinical Policy and Coverage Guideline Updates

We're making changes to the dental policies listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 UnitedHealthcare Dental Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Dental Clinical Policies and Coverage Guidelines > Dental Policy Update Bulletins](#).

| Policy Title | Policy Type |
|--|------------------------------------|
| Revised (Effective June 1, 2019) | |
| Application of Desensitizing Medicaments and Resins | Clinical Policy |
| Fixed Prosthodontics | Coverage Guideline |
| National Standardized Dental Claim Utilization Review Criteria | Utilization Review Guideline (URG) |
| Non-Surgical Extractions | Coverage Guideline |
| Removable Prosthodontics | Coverage Guideline |
| Single Tooth Indirect Restorations | Coverage Guideline |
| Topical Fluoride Treatment | Clinical Policy |

The inclusion of a dental service (e.g., procedure or technology) on this list does not imply that UnitedHealthcare provides coverage for the dental service. If there's an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

Reminder: Fax Numbers Retiring This Summer

Fax numbers used for medical prior authorization requests for Medica Healthcare Plans - South Florida, Preferred Care Partners - South Florida and seven UnitedHealthcare Community Plans will retire on **July 1, 2019**.

In addition, medical prior authorization fax numbers used for UnitedHealthcare West will retire on **Aug. 5, 2019**.

Go to [UHCprovider.com/fax](#) to see a list of retiring fax numbers and available training resources.



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.

[Referral Requirements for UnitedHealthcare NexusACO](#)

UnitedHealthcare NexusACO includes two benefit plans with different referral requirements. >

[UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement Expanding to Additional Plans and Additional CPT Codes](#)

We're expanding the existing notification/prior authorization request requirement for genetic and molecular lab testing performed in an outpatient setting to UnitedHealthcare benefit plan members in Florida, UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley and UnitedHealthcare self-funded plans. >

[Peer Comparison Reports Now Available](#)

Peer Comparison Reports are now available for certain care providers. The reports show how a care provider's practice compares to others in our network. >

[UnitedHealthcare Offers the Cancer Support Program](#)

The Cancer Support Program is a voluntary program offered to eligible members diagnosed with cancer and in active treatment or end stage management. >

[Site of Service Reviews for Certain Musculoskeletal Surgical Procedures](#)

We're implementing site of service reviews for certain musculoskeletal surgical procedures — arthroscopic and foot surgery. >

[CPT® Code Changes and Modifications to Approved Prior Authorizations](#)

In response to your feedback, we're introducing an enhancement to our prior authorization process effective immediately that allows you to make CPT code changes and modifications to an existing, approved prior authorization. >

[UnitedHealth Premium® Version 12 Evaluation Notices](#)

Physician designation notifications will be sent later this month. >

[UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates](#) >

[UnitedHealthcare Commercial](#)

Referral Requirements for UnitedHealthcare NexusACO

UnitedHealthcare NexusACO includes two benefit plans with different referral requirements:

- Referrals are required before a NexusACO R member can see most network specialty care providers. NexusACO OA members do not have referral requirements.
- Referrals to network physicians must be submitted electronically by the member's primary care provider (PCP) or a PCP with the same tax ID number (TIN).

Submit Referrals and Verify Referral Requirements Online

The referral and notification/prior authorization processes are separate. Requirements vary by member benefit plan:

- Use the **eligibilityLink** tool at UHCprovider.com/eligibilityLink to find out if referrals, notifications or prior authorizations are required for the requested services.
- Use the **referralLink** tool on Link to see if a referral is needed for your patient, submit a referral request and check referral status.

Learn More

Please watch the UHC On Air video to learn more about the referral requirements so you can help plan members who are your patients get the care they need without unnecessary delays. You can access the video by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, choose the UHC On Air tile from your Link dashboard and select the UHC News Now channel.

We're Here to Help



For more information about NexusACO referral requirements, go to UHCprovider.com/referrals.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement Expanding to Additional Plans and Additional CPT Codes

Effective July 1, 2019, UnitedHealthcare will expand the existing notification/prior authorization request requirement for genetic and molecular lab testing performed in an outpatient setting to UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley and UnitedHealthcare self-funded plans.

Effective Sept. 1, 2019, UnitedHealthcare will expand the existing notification/prior authorization for genetic and molecular testing performed in an outpatient setting to UnitedHealthcare commercial plan members in Florida.

Notification/prior authorization for genetic and molecular lab testing **will not be required** for MAMSI Life and Health Insurance Company, Optimum Choice, Inc. and MD Individual Practice Association, Inc. as announced in the April Network Bulletin.

Breast Cancer Gene (BRCA) prior authorization requirements will not change with this expansion.

Care providers will use the Genetic and Molecular Test tool on Link to submit the notification/prior authorization request. You'll fill in the member's information and choose the test and the lab to perform the test. Ordering care providers will need to submit requests for tests that require authorization. Labs may submit their own notification requests for tests that only require notification.

The following will require notification/prior authorization for all UnitedHealthcare members who require notification/prior authorization for genetic and molecular testing:

- Tier 1 Molecular Pathology Procedures
- Tier 2 Molecular Pathology Procedures
- Genomic Sequencing Procedures
- Multianalyte Assays with Algorithmic Analyses that include Molecular Pathology Testing

• These CPT codes:

- | | |
|---------------|---------------|
| - 0001U | - 0101U-0104U |
| - 0012U-0014U | - 0004M |
| - 0016U-0019U | - 0006M-0007M |
| - 0022U-0023U | - 0009M |
| - 0026U-0034U | - 0011M-0013M |
| - 0036U-0037U | - 81105-81111 |
| - 0040U | - 81120-81121 |
| - 0045U-0050U | - 81161-81210 |
| - 0055U-0057U | - 81215-81420 |
| - 0060U | - 81425-81479 |
| - 0069U-0076U | - 81507 |
| - 0078U | - 81518-81521 |
| - 0081U | - 81545 |
| - 0084U | - 81595-81599 |
| - 0087U-0091U | - S3870 |
| - 0094U | |

For More Information

You can find more information on the Genetic and Molecular Lab Test tool on Link at UHCprovider.com/genetics. Determinations for notification/prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. For clinical policies, go to UHCprovider.com/policies.



If you have questions, please email united_genetics@uhc.com.

[UnitedHealthcare Commercial](#)

Peer Comparison Reports Now Available

In April 2019, we mailed select primary care providers (PCPs) a letter directing them to the Document Vault on Link to view their Peer Comparison Report. The report shows how a physician's practice compares to other physicians in our network. It also identifies areas where they're doing well and where there may be some room for improvement.

UnitedHealthcare Peer Comparison reports (formerly called Performance Reports) give physicians actionable information to help deliver better care, better health outcomes and better costs to patients by:

- Analyzing claims data to identify variations from peer benchmarks
- Alerting physicians whose paid claims data for a UnitedHealthcare member over a given period varies from expected practice patterns
- Sharing utilization measures or specialty-specific procedural measures
- Working collaboratively to improve value for UnitedHealthcare members by helping ensure that services they receive align with evidence-based standards of care
- Identifying focused areas for improvement with suggested actions to reduce variations



You can find more information about Peer Comparison Reports at UHCprovider.com/peer. If you have questions, please email physician_engagement@uhc.com or call our Health Care Measurement Resource Center at **866-270-5588**.



If you have questions about Document Vault, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Offers the Cancer Support Program for Your Eligible Members

The Cancer Support Program (CSP) is a voluntary program offered at no charge to your patients who are:

- Diagnosed with cancer
- Receiving active treatment or end stage management
- In a UnitedHealthcare health plan that has access to the program

This program is designed to complement the services you provide by:

- Supporting your treatment plan and reinforcing the instructions you provide
- Helping ensure your patient understands the medication plan and resolves barriers to obtaining medications
- Resolving healthcare administrative issues to obtain appropriate needed resources for home health, pharmacy or hospice services, if needed
- Supplying access to oncology social workers to assist with community resources, support groups and financial support resources

Members enrolled in this program are assigned to a registered nurse trained in oncology who will provide individualized support, coaching and education to the member and their family caregivers. The program nurse stays in contact with you, the treating physician, as needed.

Contact Us

We encourage you to refer your patients to the CSP and talk with them about participating so we can help you and provide the support they need when they need it most.



For more information or to refer a member, call **866-936-6002** or go to myuhc.phs.com/cancerprograms.

[UnitedHealthcare Commercial](#)

Site of Service Reviews for Certain Musculoskeletal Surgical Procedures (Arthroscopic and Foot Surgery) — Effective Aug. 2, 2019

We aim to minimize out-of-pocket costs for UnitedHealthcare members and improve cost efficiencies for the overall health care system.

As part of this effort, for dates of service after Aug. 2, 2019, for most states and after Sept. 3, 2019, for California, Colorado, New Jersey and New York, we'll review the site of service for medical necessity once prior authorization is requested for certain musculoskeletal surgical procedures (arthroscopic and foot surgery) according to our existing notification/prior authorization requirements. We'll issue a medical necessity determination for the site of service, under the terms of the member's benefit plan, if permitted by state law and if the procedure will be performed in an outpatient hospital.

We're also implementing a utilization review guideline to facilitate our site of service reviews. The Musculoskeletal Surgical Procedures — Site of Service guideline will be announced in the June UnitedHealthcare Commercial Medical Policy Update Bulletin. Go to UHCprovider.com > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans](#) > Medical Policy Update Bulletins.

When Site of Service Reviews Apply

Site of service reviews will apply to UnitedHealthcare commercial benefit plans, including exchange benefit plans, and the following benefit plans:

- UnitedHealthcare
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley

Site of service reviews will apply to the following procedure codes, which are currently subject to notification/prior authorization requirements:

| Procedure | CPT Codes |
|------------------------|---|
| Arthroscopy Ankle | 29891 29892 29893 29894 29895 29897 29898 29899 |
| Arthroscopy Elbow | 29830 29834 29835 29836 29837 29838 |
| Arthroscopy Hip | 29860 29861 29862 29863 29914 29915 29916 |
| Arthroscopy Knee | 29870 29873 29874 29875 29876 29877 29879 29880 29881 29882 29883 29884 29885 29886 29887 29888 29889 |
| Arthroscopy Shoulder | 29805 29806 29807 29819 29820 29821 29822 29823 29824 29825 29826 29827 29828 |
| Arthroscopy Wrist | 29840 29844 29845 29846 29847 29848 |
| Foot Surgery Bunion | 28289 28291 28292 28296 28297 28298 28299 |
| Foot Surgery Hammertoe | 28285 |

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[UnitedHealthcare Commercial](#)

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Site of Service Reviews for Certain Musculoskeletal Surgical Procedures (Arthroscopic and Foot Surgery) — Effective Aug. 2, 2019

Consistent with existing prior authorization requirements, if the requested service or site is not approved, a new prior authorization request must be submitted if a change in service or site is made.

Notification/prior authorization is only required for planned procedures.

When Site of Service Reviews Do Not Apply

We will not conduct site of service reviews if the procedure is planned to be performed in an ambulatory surgical center.

We're not including the following states at this time. We'll inform care providers if we expand site of service reviews to these states:

- Alaska
- Kentucky
- Massachusetts
- Texas

Completing the Notification/Prior Authorization Process

You can complete the notification/prior authorization process or confirm a coverage decision online or by phone:

- Go to UHCprovider.com > [Prior Authorization and Notification](#)
- Call **866-889-8054** from 7 a.m. to 7 p.m. local time, Monday through Friday

[UnitedHealthcare Commercial](#)

CPT Code Changes and Modifications to Approved Prior Authorizations

In response to your feedback, we're introducing an enhancement to our prior authorization process for UnitedHealthcare commercial members, effective immediately that allows you to make CPT code changes and modifications to an existing, approved prior authorization. If at the time of service, you need to perform a different or additional medically necessary procedure than what was originally approved, call Provider Services at **877-842-3210**. You will need to provide updated clinical information to modify the prior authorization.

Changes will be allowed if you call within five business days of when the service was performed and prior to claim submission. You don't need to contact us to modify the existing approved prior authorization for CPT code combinations listed in the [Prior Authorization Crosswalk Table](#).

Services Out of Scope

This process doesn't apply to the following:

- Genetic and molecular testing, including breast cancer gene (BRCA) codes
- Oncology
- Radiology program
- Cardiology program
- Injectable medications, including those for hemophilia

For more information, please review the following resources:

- [Radiology Prior Authorization and Notification](#)
- [Prior Authorization Crosswalk Table Instructions](#)



If you have questions, please call
Provider Services at **877-842-3210**.

UnitedHealth Premium® Version 12 Evaluation Notices

UnitedHealth Premium annual evaluation notifications will be sent in late June. Letters will be delivered by the U.S. Postal Service to physicians and practice administrators who haven't validated their personal identification numbers on [UnitedHealthPremium.UHC.com](#). The letters will include instructions for accessing the site and viewing designation details.

Physicians and practice administrators who have validated their personal identification numbers will get email notices and will be able to sign in online to view version 12 designation details. You can sign in on [UnitedHealthPremium.UHC.com](#) or sign in to Link by clicking on the Link button in the top right corner of [UHCprovider.com](#).

Learn More

For more information about the Premium program, go to [UnitedHealthPremium.UHC.com](#) or call **866-270-5588**.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

We're making changes to the policies and guidelines listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 Medical Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans > Medical Policy Update Bulletins](#).

| Policy Title | Policy Type | Effective Date |
|---|-------------|----------------|
| New | | |
| Evenity™ (Romosozumab-Aqgg) | Drug | May 1, 2019 |
| Updated/Revised | | |
| Ambulance Services | CDG | June 1, 2019 |
| Botulinum Toxins A and B | Drug | May 1, 2019 |
| Complement Inhibitors (Soliris® & Ultomiris™) | Drug | May 1, 2019 |
| Enzyme Replacement Therapy | Drug | May 1, 2019 |
| Habilitative Services and Outpatient Rehabilitation Therapy | CDG | May 1, 2019 |
| Immune Globulin – Site of Care | URG | May 1, 2019 |
| Ketamine | Drug | May 1, 2019 |
| Lemtrada (Alemtuzumab) | Drug | May 1, 2019 |
| Maximum Dosage | Drug | May 1, 2019 |
| Mifeprex® (Mifepristone) | Drug | May 1, 2019 |
| Negative Pressure Wound Therapy | Medical | June 1, 2019 |
| Omnibus | Medical | May 1, 2019 |
| Orthognathic (Jaw) Surgery | CDG | July 1, 2019 |

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UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

| Policy Title | Policy Type | Effective Date |
|--|-------------|----------------|
| Updated/Revised | | |
| Spinraza™ (Nusinersen) | Drug | May 1, 2019 |
| Therapeutic Radiopharmaceuticals | Medical | July 1, 2019 |
| Transpupillary Thermotherapy | Medical | June 1, 2019 |
| Vaccines | Drug | May 1, 2019 |

The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. If there's an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.



UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

[UnitedHealthcare Commercial Reimbursement Policy Updates](#) >

[UnitedHealthcare Community Plan Reimbursement Policy:](#)

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: [UHCprovider.com](#) > Menu > [Health Plans by State](#) > [\[Select State\]](#) > “View Offered Plan Information” under the Medicaid (Community Plan) section > Bulletins and Newsletters. We encourage you to regularly visit this site to view reimbursement policy updates.

Unless otherwise noted, the following reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. UnitedHealthcare reimbursement policies do not address all factors that affect reimbursement for services rendered to UnitedHealthcare members, including legislative mandates, member benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Care Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Once implemented, the policies may be viewed in their entirety at [UHCprovider.com](#) > Menu > Policies and Protocols > Commercial Policies > [Reimbursement Policies for Commercial Plans](#). In the event of an inconsistency between the information provided in the Network Bulletin and the posted policy, the posted policy prevails.

[UnitedHealthcare Reimbursement Policies](#)

Commercial Reimbursement Policy Updates

The following chart contains an overview of the policy changes and their effective dates for the following policies:

| Policy | Effective Date | Summary of Change |
|---|----------------|---|
| Correct Coding Initiative (CCI) Editing, Professional | July 1, 2019 | <ul style="list-style-type: none"> Effective with dates of service on or after July 1, 2019, the CCI Editing policy will allow modifiers 59, XE, XP, XS and XU to be appended to <i>either</i> code in the Column I/Column II procedure to procedure edits, when a modifier override is allowed. This will align with the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) transmittal update. |
| New: Mohs Micrographic (MMS) Surgery | Sept. 1, 2019 | <ul style="list-style-type: none"> The new Mohs Micrographic Surgery (MMS) Policy will be effective for dates of service on and after Sept. 1, 2019. According to CMS, Mohs surgery should only be performed by a doctor of medicine (MD) or doctor of osteopathic medicine (DO) who is specifically trained and highly skilled in Mohs techniques and pathologic identification. In order to maintain the quality of care and services delivered to our members, UnitedHealthcare will only reimburse Mohs surgery to an MD or DO who is specifically trained in both dermatology and pathology. If either the removal of the tumor or the pathology is delegated to another physician or other qualified health care professional, not under the same tax ID number, the Mohs code will be denied. CMS guidance indicates that pathology examination of the tissue specimen is an inclusive component of Mohs and should not be reported separately. Accordingly, UnitedHealthcare will deny the pathology examination, if separately reported. |
| New: Molecular Pathology Policy, Professional | Sept. 1, 2019 | <ul style="list-style-type: none"> The new Molecular Pathology Policy will be effective for dates of service on and after Sept. 1, 2019. American Medical Association (AMA) guidance provides Claim Designation codes in the Molecular Pathology Gene Table that represent specific genes that are being tested. UnitedHealthcare will require care providers to append the AMA Claim Designation to identify the specific gene when submitting a Tier 2 Molecular Pathology code. If there is not a Claim Designation assigned, the provider should submit the abbreviated gene name. This information can be found in the CPT Molecular Pathology Gene Table or the specific analyte is listed after each Tier 2 code descriptor. Genomic Sequencing Procedures (GSP) panel codes account for specific combinations of genes for testing. |

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[UnitedHealthcare Reimbursement Policies](#)

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Commercial Reimbursement Policy Updates

| Policy | Effective Date | Summary of Change |
|---|--|---|
| New: Molecular Pathology Policy, Professional (continued) | Sept. 1, 2019 | <ul style="list-style-type: none"> Individual Molecular Pathology Tier 1 and Tier 2 codes should not be submitted separately in addition to a GSP code. If Tier 1 or Tier 2 codes are submitted separately they will be denied. UnitedHealthcare may deny Tier 1 and Tier 2 codes when there is a more appropriate GSP code available. Unlisted code, 81479, should only be submitted when the unique procedure is not adequately addressed by another CPT code. It should only be submitted once per patient, per specimen and date of service. UnitedHealthcare will require the submission of a unique test ID provided through the National Institutes of Health Genetic Testing Registry (GTR) when 81479 is submitted to identify the test and validate the unlisted code is the appropriate code to submit for the test performed The AMA Claim Designation code and the GTR unique test ID should be reported in Loop 2400 or SV101-7 field for electronic claims and in Box 19 for paper claims. Claims that have complied with notification or prior authorization requirements in UnitedHealthcare’s Genetic Testing and Molecular Prior Authorization Program satisfy the policy’s requirements without further provider action if they meet UnitedHealthcare’s Genetic Test Lab Registry requirements. |
| Procedure to Modifier Policy, Professional | Delayed from July 1, 2019 to Sept. 1, 2019 | <ul style="list-style-type: none"> Effective with dates of service on or after Sept. 1, 2019, the GN, GO or GP modifiers will be required on “Always Therapy” codes to align with CMS. According to CMS guidelines, certain codes are “Always Therapy” services regardless of who performs them, and always require a therapy modifier (GP, GO or GN) to indicate that they are provided under a physical therapy, occupational therapy or speech-language pathology plan of care. “Always Therapy” modifiers are necessary to enable accurate reimbursement for each distinct type of therapy in accordance with member group benefits. This update also addresses incorrect Procedure to Modifier denials for the “Always Therapy” codes processed between May 19, 2019 – May 22, 2019, which received denials in association with modifiers GN, GO or GP. Claims processed during this three-day period were denied both with and without the GN, GO or GP modifiers; however, the edits effective on Sept. 1, 2019, will only occur if the “Always Therapy” codes are reported without one of the required modifiers. |

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[UnitedHealthcare Reimbursement Policies](#)

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Commercial Reimbursement Policy Updates

| Policy | Effective Date | Summary of Change |
|---|----------------|---|
| Procedure to Modifier Policy, Professional (continued) | Sept 1, 2019 | <ul style="list-style-type: none"> A national claim adjustment project was initiated on May 23, 2019, to reprocess affected claims. UnitedHealthcare will reprocess all claims eligible for reconsideration. Care providers don't need to take any action, as the claims will be automatically reprocessed. Please be advised that claims are still subject to other reimbursement policy edits, coverage and/or benefit determinations. |
| Observation Care Evaluation and Management Codes Policy, Professional | Sept. 1, 2019 | <ul style="list-style-type: none"> Effective with dates of service on or after Sept. 1, 2019, UnitedHealthcare will only reimburse one hospital discharge day CPT code 99238 or 99239, per member, per hospital stay, to further align with CMS guidelines. In accordance with CMS guidelines, only one hospital discharge day management service is payable per patient per hospital stay. Therefore, the policy title will be revised to the Observation and Discharge Policy. |



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



[Prior Authorization Required for Therapeutic Radiopharmaceuticals](#)

Effective **Aug. 1, 2019**, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee. >

[UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates](#) >

[Changes in Advance Notification and Prior Authorization Requirements for UnitedHealthcare Community Plan of Washington](#)

Effective for dates of service on or after **July 1, 2019**, several codes will **not** require prior authorization for UnitedHealthcare Community Plan of Washington. >

[UnitedHealthcare Community Plan](#)

Prior Authorization Required for Therapeutic Radiopharmaceuticals

Effective Aug. 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee.

The following products will require authorization:

- Lutetium Lu 177 (Lutathera)
- Radium RA-223 dichloride (Xofigo)

All therapeutic radiopharmaceuticals that have not yet received an assigned code will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS). HCPCS codes impacted by this prior authorization will include:

- A9513 Lutetium Lu 177, dotatate, therapeutic, 1 mCi
- A9606 Radium RA-223 dichloride, therapeutic, per microcurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified

How to Request Prior Authorization

To submit an online request for prior authorization, sign in to Link and access the Prior Authorization and Notification tool. Then select Radiology, Cardiology + Oncology. After answering two short questions about the state you work in, you'll be directed to a website to process these authorization requests.

[UnitedHealthcare Community Plan](#)

UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

We’re making changes to the policies and guidelines listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 Medical Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Medical Policy Update Bulletins](#).

| Policy Title | Policy Type | Effective Date |
|---|-------------|----------------|
| New | | |
| Evenity™ (Romosozumab-Aqgg) | Drug | May 1, 2019 |
| Updated/Revised | | |
| Ambulance Services | CDG | July 1, 2019 |
| Complement Inhibitors (Soliris® & Ultomiris™) | Drug | May 1, 2019 |
| Enzyme Replacement Therapy | Drug | May 1, 2019 |
| Hepatitis Screening | Medical | July 1, 2019 |
| Ketamine | Drug | May 1, 2019 |
| Lemtrada (Alemtuzumab) | Drug | May 1, 2019 |
| Maximum Dosage | Drug | May 1, 2019 |
| Negative Pressure Wound Therapy | Medical | July 1, 2019 |
| Omnibus Codes | Medical | July 1, 2019 |
| Orthognathic (Jaw) Surgery | CDG | July 1, 2019 |
| Spinraza™ (Nusinersen) | Drug | May 1, 2019 |
| Therapeutic Radiopharmaceuticals | Medical | July 1, 2019 |
| Transpupillary Thermotherapy | Medical | July 1, 2019 |

The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

[UnitedHealthcare Community Plan](#)

Changes in Advance Notification and Prior Authorization Requirements for UnitedHealthcare Community Plan of Washington

Correction to Prior Authorization Code Additions Previously Published in Network Bulletin

The following codes **do not** require prior authorization for **UnitedHealthcare Community Plan of Washington**. These codes have been carved out to the state’s fee-for-service program.

| Category | Codes | Carve out Effective Date |
|-----------------------------------|-------|----------------------------|
| Injectable Medications/Luxturna™ | J3398 | July 1, 2018 (retroactive) |
| Injectable Medications/ Crysvisa® | J0584 | Jan. 1, 2019 (retroactive) |

Code Removals from Existing Prior Authorization Categories

These changes are part of UnitedHealthcare’s ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of improved quality, better health outcomes and better cost for our members.

Although prior authorization requirements are being removed for certain codes, post-service determinations may still be applicable based on criteria published in medical policies, local/national coverage determination criteria and state fee schedule coverage.

Effective for dates of service on or after **July 1, 2019**, the following codes will **not** require prior authorization for **UnitedHealthcare Community Plan of Washington**. These codes have been carved out to the state’s fee-for-service program.

| Category | Codes |
|---|---|
| Injectable Medications | C9399 J3490 J3590 for Gamifant® only |
| Injectable Medications/ Therapeutic Radio Pharmaceuticals | A9513 |



UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

[Chiropractic and Acupuncture Coverage Resources for Medicare Advantage Plans](#)

Review this quick overview for important information about chiropractic and acupuncture coverage for UnitedHealthcare Medicare Advantage plan members. >

[UnitedHealthcare Medicare Advantage Policy Guideline Updates](#) >

[UnitedHealthcare Medicare Advantage Coverage Summary Updates](#) >



[UnitedHealthcare Medicare Advantage](#)

Chiropractic and Acupuncture Coverage Resources for Medicare Advantage Plans

Coverage for chiropractic and acupuncture services varies by Medicare plan.

Here's a quick overview of how Original Medicare and UnitedHealthcare Medicare Advantage plans compare:

- Original Medicare offers limited coverage for chiropractic care and doesn't cover any acupuncture services.
- UnitedHealthcare Medicare Advantage plans cover the same chiropractic care that is covered by Original Medicare.
- Some UnitedHealthcare plans, but not all plans, also cover routine chiropractic and/or acupuncture services not covered by Original Medicare.

To help you understand the chiropractic and acupuncture services covered, we've created a quick reference guide that will help you easily locate important phone numbers, websites and addresses related to chiropractic and acupuncture coverage for UnitedHealthcare Medicare Advantage plan members. This guide also includes information about how these benefits are administered and a list of common CPT codes to use for claims submissions.



To view the quick reference guide, go to [UHCProvider.com](#) > Menu > Health Plans by State > [Choose State] > Medicare > [Choose Plan Name] > Tools & Resources > [Medicare Advantage Chiropractic and Acupuncture Coverage — Quick Reference Guide](#).

[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Policy Guideline Updates

The following UnitedHealthcare Medicare Advantage Policy Guidelines have been updated to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The updated policies are available for your reference at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Policy Guidelines](#).

| Policy Title |
|---|
| New (Approved on April 10, 2019) |
| Vitamin D Testing |
| Updated/Revised (Approved on April 10, 2019) |
| Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3) |
| Computed Tomography (NCD 220.1) |
| Dental Services |
| Durable Medical Equipment Reference List (NCD 280.1) |
| Enteral and Parenteral Nutritional Therapy (NCD 180.2) |
| Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (NCD 110.21) |
| Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9) |
| Hydrophilic Contact Lens For Corneal Bandage (NCD 80.1) |
| Intravenous Immune Globulin (IVIG) |
| KX Modifier |
| Laser Procedures (NCD 140.5) |
| Magnetic Resonance Imaging (NCD 220.2) |
| Non-Implantable Pelvic Floor Electrical Stimulator (NCD 230.8) |
| Portable Hand-Held X-Ray Instrument (NCD 220.10) |
| Qualitative Drug Testing for Indications Other Than Mental Health |
| Single Photon Emission Computed Tomography (SPECT) (NCD 220.12) |
| Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35) |

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[UnitedHealthcare Medicare Advantage](#)

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

| Policy Title |
|---|
| Updated/Revised (Approved on April 10, 2019) |
| <u>Ultrasound Diagnostic Procedures (NCD 220.5)</u> |
| <u>Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</u> |
| Retired (Approved on April 10, 2019) |
| Electronic Speech Aids (NCD 50.2) |

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[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Coverage Summary Updates

We're making changes to the coverage summaries listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries for Medicare Advantage Plans > Medicare Advantage Coverage Summary Update Bulletins](#).

| Policy Title |
|--|
| Updated/Revised (Approved on April 16, 2019) |
| Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest |
| Diabetes Management, Equipment and Supplies |
| Genetic Testing |
| Radiologic Diagnostic Procedures |
| Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation) |
| Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services |
| Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits |
| Wound Treatments |

The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.



Doing Business Better

Learn about how we make improved health care decisions.



2019 Social Determinants of Health ICD-10 Codes

As a care provider, you play an important role in helping identify members who may have a social determinant of health. If you're providing services to a UnitedHealthcare member and notice a social determinant of health, please use the appropriate ICD-10 codes on claims you submit. >

[Doing Business Better](#)

2019 Social Determinants of Health ICD-10 Codes

As a care provider, you play an important role in helping identify members who may have a social determinant of health that creates a barrier to health and wellness.

Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like:

- Access to health care and healthy food
- Education circumstances
- Employment and socioeconomic status
- Physical environment
- Social support networks
- Foster care

If you're providing services to a UnitedHealthcare member and observe a social determinant of health that has an ICD-10 code, please include the code(s) on claims you submit.

| ICD-10 Codes to Identify SDOH* | |
|--|--|
| Description | ICD-10 Codes |
| Contact with and Suspected Exposure to Arsenic, Lead or Asbestos | Z77.010 Contact with and suspected exposure to arsenic Z77.011 Contact with and suspected exposure to lead Z77.090 Contact with and suspected exposure to asbestos |
| Educational Circumstances | Z55.0 Illiteracy and low level literacy Z55.1 Schooling unavailable and unattainable Z55.2 Failed school examinations Z55.3 Underachievement in school Z55.4 Education maladjustment and discord with teachers and classmates Z55.8 Other problems related to education and literacy Z55.9 Problems related to education and literacy, unspecified |
| Effects of Work Environment | Z56.0 Unemployment, unspecified Z56.1 Change of job Z56.2 Threat of job loss Z56.4 Discord with boss and workmates Z56.89 Other problems related to employment Z56.9 Unspecified problems related to employment |

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[Doing Business Better](#)

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2019 Social Determinants of Health ICD-10 Codes

| ICD-10 Codes to Identify SDOH* | |
|-------------------------------------|---|
| Description | ICD-10 Codes |
| Foster Care | Z62.822 Parent-foster child conflict Z62.21 Child in welfare custody |
| Homelessness/Other Housing Concerns | Z59.0 Homelessness Z59.1 Inadequate housing Z59.2 Discord with neighbors, lodgers and landlord Z59.8 Other problems related to housing and economic circumstances Z60.2 Problems related to living alone |
| Inadequate Material Resources | Z59.4 Lack of adequate food and safe drinking water Z59.5 Extreme poverty Z59.6 Low income Z59.7 Insufficient social insurance and welfare support Z59.8 Other problems related to housing and economic circumstances Z59.9 Problems related to housing and economic circumstances, unspecified Z75.3 Unavailability and inaccessibility of health care facilities Z75.4 Unavailability and inaccessibility of other helping agencies |
| Legal Circumstances | Z65.0 Conviction in civil and criminal proceedings without imprisonment Z65.1 Imprisonment and other incarceration Z65.2 Problems related to release from prison |
| Other Social Factors | Z60.4 Social exclusion and rejection Z60.8 Other problems related to social environment Z60.9 Problems related to social environment, unspecified Z71.3 Dietary counseling and surveillance Z71.6 Tobacco abuse counseling Z71.82 Exercise counseling Z71.89 Other specified counseling Z71.9 Counseling, unspecified Z72.0 Tobacco use Z72.4 Inappropriate diet and eating habits Z91.82 Personal history of military deployment |
| Parent/Child/Family | Z62.810 Personal history of physical and sexual abuse in childhood Z62.820 Parent-biological child conflict Z63.4 Disappearance and death of family member Z63.8 Other specified problems related to primary support Group |

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[Doing Business Better](#)

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2019 Social Determinants of Health ICD-10 Codes

*These are supplemental diagnosis codes and should not be used as the admitting or principal diagnosis code to indicate the medical reason for the visit.

We know these codes don't address all social factors that affect health and wellness. To strengthen our ability to work together with you to help more people, UnitedHealthcare has made a recommendation to expand the ICD-10 codes to be more comprehensive. For now please use the established codes, which provide an opportunity for us to collect, understand and address some of your patients' SDOH. If you have questions, please contact your Provider Advocate.



UnitedHealthcare Affiliates

Learn about updates with our company partners.

[New Option to Receive UnitedHealthcare West Payment Packages Online](#)

Your Link ID Administrator can use the [Paperless Delivery Options](#) tool to allow you to access your payment packages online instead of by mail. >

[UnitedHealthcare West Medical Management Guideline Updates](#) >

[UnitedHealthcare West Benefit Interpretation Policy Updates](#) >

[UnitedHealthcare Oxford Medical and Administrative Policy Updates](#) >



[Checking UnitedHealthcare Oxford Prior Authorization Requirements for Chemotherapy, MRIs and CT Scans](#)

We have resources to help you determine prior authorization requirements for chemotherapy, MRIs and CT scans for UnitedHealthcare Oxford members. >

[Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans](#)

We're continuing to streamline the administrative experience for UnitedHealthcare Oxford commercial plans as employer groups renew health coverage for their employees. >

[UnitedHealthcare Affiliates](#)

New Option to Receive UnitedHealthcare West Payment Packages Online

If you'd like to access your payment packages in the Document Vault tool on Link, instead of by mail, ask your Link ID Administrator to make that selection in the Paperless Delivery Options tool. Please note that your payment packages will not be available in Document Vault until the paperless option is selected. You can view a quick user guide about finding your Link ID Administrator by going to [UHCprovider.com](#) > Menu > Resource Library > Link Self-Service Tools > Getting Started with Link > [Finding Your Password Owner](#).

To learn more, watch a short video — [Document Vault and Paperless Delivery Overview](#) — on UHC On Air by selecting the UHC On Air tile from your Link dashboard or register for a [webinar](#). If you don't have access to Link, select the New User button on [UHCprovider.com](#).



If you need help using Link, call the UnitedHealthcare Connectivity Helpdesk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday

[UnitedHealthcare Affiliates](#)

UnitedHealthcare West Medical Management Guideline Updates

We're making changes to the guidelines listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 UnitedHealthcare West Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

| Policy Title | Effective Date |
|--|----------------|
| Updated/Revised | |
| Clinical Practice Guidelines | June 1, 2019 |
| Immune Globulin – Site of Care | May 1, 2019 |
| Negative Pressure Wound Therapy | June 1, 2019 |
| Omnibus Codes | May 1, 2019 |
| Orthognathic (Jaw) Surgery | July 1, 2019 |
| Otoacoustic Emissions Testing | June 1, 2019 |
| Therapeutic Radiopharmaceuticals | July 1, 2019 |
| Transpupillary Thermotherapy | June 1, 2019 |

The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. If there's an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

[UnitedHealthcare Affiliates](#)

UnitedHealthcare West Benefit Interpretation Policy Updates

We're making changes to the policies listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 UnitedHealthcare West Benefit Interpretation Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins](#).

| Policy Title | Applicable State(s) | Effective Date |
|--|--|----------------|
| Updated/Revised | | |
| Educational Programs for Members | Washington | June 1, 2019 |
| Foot Care and Podiatry Services | All (California, Oklahoma, Oregon, Texas and Washington) | June 1, 2019 |
| Physician Services: Primary Care and Specialist Visits | Washington | June 1, 2019 |
| Shoes and Foot Orthotics | All | June 1, 2019 |
| Treatment of Temporomandibular Joint (TMJ) Disorders | Texas | May 1, 2019 |
| Veteran's Administration (VA) | All | June 1, 2019 |

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[UnitedHealthcare Affiliates](#)

UnitedHealthcare Oxford Medical and Administrative Policy Updates

We're making changes to the policies listed in the following table. For complete details on the policy updates listed in the following table, please refer to the [May 2019 Policy Update Bulletin](#) at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

| Policy Title | Policy Type | Effective Date |
|---|----------------|----------------|
| New | | |
| Evenity™ (Romosozumab-Aqgg) | Clinical | May 1, 2019 |
| Spravato™ (Esketamine) | Clinical | May 1, 2019 |
| Updated/Revised | | |
| Ambulance Services | Administrative | June 1, 2019 |
| Botulinum Toxins A and B | Clinical | June 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Clinical | June 1, 2019 |
| Complement Inhibitors (Soliris® & Ultomiris™) | Clinical | June 1, 2019 |
| Complement Inhibitors (Soliris® & Ultomiris™) | Clinical | July 1, 2019 |
| Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes | Clinical | June 1, 2019 |
| Diabetes Supply Coverage | Administrative | June 1, 2019 |
| Drug Coverage Criteria — New and Therapeutic Equivalent Medications | Clinical | June 1, 2019 |
| Drug Coverage Guidelines | Clinical | May 1, 2019 |
| Drug Coverage Guidelines | Clinical | June 1, 2019 |
| Emergency Room Visits (Including Coverage for Members Outside of the United States) | Administrative | June 1, 2019 |
| Entyvio® (Vedolizumab) | Clinical | June 1, 2019 |
| Enzyme Replacement Therapy | Clinical | June 1, 2019 |
| Global Days | Reimbursement | May 1, 2019 |
| Global Days | Reimbursement | June 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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UnitedHealthcare Oxford Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|--|----------------|----------------|
| Updated/Revised | | |
| Immune Globulin – Site of Care | Clinical | May 1, 2019 |
| In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy | Administrative | June 1, 2019 |
| In-Office Laboratory Testing and Procedures List | Reimbursement | June 1, 2019 |
| Intraoperative Neuromonitoring | Reimbursement | June 1, 2019 |
| Lemtrada (Alemtuzumab) | Clinical | June 1, 2019 |
| Maximum Dosage | Clinical | June 1, 2019 |
| Maximum Frequency Per Day | Reimbursement | May 1, 2019 |
| Maximum Frequency Per Day (CES) | Reimbursement | May 1, 2019 |
| Mifeprex® (Mifepristone) | Clinical | May 1, 2019 |
| Negative Pressure Wound Therapy | Clinical | June 1, 2019 |
| Observation Care Evaluation and Management Codes | Reimbursement | May 1, 2019 |
| Obstetrical Policy | Reimbursement | June 1, 2019 |
| Omnibus Codes | Clinical | May 1, 2019 |
| Orthognathic (Jaw) Surgery | Clinical | July 1, 2019 |
| Otoacoustic Emissions Testing | Clinical | June 1, 2019 |
| Participating Provider Laboratory and Pathology Protocol | Administrative | Aug. 1, 2019 |
| Preventive Medicine and Screening | Reimbursement | June 1, 2019 |
| Preventive Medicine and Screening (CES) | Reimbursement | June 1, 2019 |
| Procedure and Place of Service | Reimbursement | June 1, 2019 |
| Sandostatin LAR® Depot (Octreotide Acetate) | Clinical | June 1, 2019 |
| Spinraza™ (Nusinersen) | Clinical | June 1, 2019 |
| T Status Codes | Reimbursement | May 1, 2019 |
| T Status Codes (CES) | Reimbursement | May 1, 2019 |
| Transpupillary Thermotherapy | Clinical | June 1, 2019 |
| Vaccines | Clinical | June 1, 2019 |
| Wrong Surgical or Other Invasive Procedures | Reimbursement | June 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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UnitedHealthcare Oxford® Medical and Administrative Policy Updates

The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare Oxford provides coverage for the health service. If there's an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

Checking UnitedHealthcare Oxford Prior Authorization Requirements for Chemotherapy, MRIs and CT Scans

Please use the following resources to determine prior authorization requirements for UnitedHealthcare Oxford members:

- Chemotherapy — Go to the [Prior Authorization for Chemotherapy and Related Cancer Therapies](#) page on [UHCprovider.com](#).
- MRIs and CT scans — Refer to the clinical policy, [Radiology Procedures Requiring Precertification for eviCore Healthcare Arrangement](#) on [UHCprovider.com](#).

The Precert Required Inquiry tool on the Transactions page of [oxfordhealth.com](#) can't be used to verify prior authorization requirements for chemotherapy, MRIs and CT scans.

If you have questions, please call the Provider Services number on the back of the member's health care ID card.

[UnitedHealthcare Affiliates](#)

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

In December 2017, we let care providers know that we would be taking steps to streamline the administrative experience for UnitedHealthcare Oxford commercial plans. This work is underway and will continue over the next 24 to 36 months as employer groups renew health coverage for their employees.

If you have patients whose employers are renewing their health coverage with a UnitedHealthcare Oxford commercial plan, you'll see some differences in their new member ID card:

- The member's ID number will be **11** digits.
- The Group Number will change to be **numeric-only**.
- The website listed on the back of the card is UHCprovider.com.

The ERA Payer ID number will remain **06111**.

When your patients see you for care, ask your staff to:

- Check their eligibility each time they visit your office.
- Include their new member ID number on claims or requests for services that require authorization.
- Use the care provider website listed on the back of the member's ID card for secure transactions.



For more information about these changes, use this [quick reference guide](#) and share it with your staff. Or you may call Provider Services at **800-666-1353**. When you call, provide your National Provider Identifier (NPI) number.



State News

Stay up to date with the latest state/regional news.

[Prior Authorization Required for Therapeutic Radiopharmaceuticals](#)

UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee. >

[Changes in Advance Notification and Prior Authorization Requirements for UnitedHealthcare Community Plan of Washington](#)

Effective for dates of service on or after **July 1, 2019**, several codes will **not** require prior authorization for UnitedHealthcare Community Plan of Washington. >

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc., or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc., Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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