

SEPTEMBER 2018

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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Front & Center

Stay up to date with the latest news and information.

[Link Self-Service Updates and Enhancements](#)

We're continuously making improvements to Link tools to better support your needs. Among the latest enhancements: Direct links to reimbursement policies have been added to claimsLink; and an error message now displays when a duplicate referral is submitted on referralLink. >

[Tell Us What You Think of Our Communications](#)

Please take a few minutes to complete an online survey and give us your thoughts about the Network Bulletin. >

[Updates for Specialty Medications for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members](#)

Effective Aug. 15, 2018, Onpattro (patisiran), a treatment recently approved for the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults, has been added to the Review at Launch program for UnitedHealthcare Commercial Plans and Community Plans. Care providers are encouraged to request a pre-determination for services prior to Jan. 1, 2019. >

[We're Retiring Fax Numbers Used for Medical Prior Authorization Requests](#)

We'll start retiring fax numbers for medical prior authorization requests over the next several months. Instead of faxing the requests, please use the Prior Authorization and Notification tool on Link. >

[We Value Your Feedback](#)

Your opinion is important to us. We'd like to get your thoughts on new initiatives, innovative technologies, and/or program and policy changes. If you're a participating provider in any of UnitedHealthcare's lines of business, please give us your feedback in an online survey. >

[Reminder on Special Needs Plan Model of Care Training](#)

The Centers for Medicare & Medicaid Services (CMS) requires annual SNP Model of Care (MOC) training for all care providers who treat patients in a Special Needs Plan (SNP). UnitedHealthcare offers the 2018 SNP MOC training as a pre-recorded session that takes about 15 minutes to complete. Please complete this year's training by Oct. 1, 2018. >



[Drug Changes for Injectable Chemotherapy and Colony Stimulating Growth Factors Require New Authorization](#)

For members with a current authorization for chemotherapy regimen and/or a white blood colony stimulating factor authorization, any injectable drug change requires a new authorization. This includes: a change in a chemotherapy regimen; adding a new drug to an existing regimen; and a different white blood colony stimulating factor. >



Front & Center

Stay up to date with the latest news and information.

[New to Therapy Short-Acting Opioid Supply and Daily Dose Limits for UnitedHealthcare Community Plan and UnitedHealthcare Commercial Plans – Effective Oct. 1, 2018](#)

Beginning Oct. 1, 2018, UnitedHealthcare Community Plan in some states and UnitedHealthcare commercial plans will implement a short-acting opioid supply limit of three days and less than 50 Morphine Equivalent Dose (MED) per day for patients who are age 19 or younger and new to opioid therapy. Requests for opioids beyond these limits will require prior authorization. This change applies to UnitedHealthcare commercial plans and the UnitedHealthcare Community Plan in California, Nevada, New Jersey, New York and Texas. >

[Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford](#)

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available for UnitedHealthcare commercial at UHCprovider.com/pharmacy. >

[UnitedHealthcare Medicare Advantage Prior Authorization Reduction Pilot Concludes](#)

On Oct. 1, 2018, the UnitedHealthcare Medicare Advantage Prior Authorization Reduction Pilot will conclude, resulting in re-implementation of prior authorization for services previously removed from requirement. The pilot was implemented Jan. 1, 2017. >

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Link Self-Service Updates and Enhancements

[Link's self-service tools](#) can quickly provide the comprehensive information you need for most UnitedHealthcare benefit plans — without the extra step of calling for information. We're continuously making improvements to our suite of tools to better support your needs. Here are some recent enhancements:

claimsLink

- Direct links to reimbursement policies.
- Member name and date of birth search option.
- eligibilityLink
- When applicable, the care provider's tier will be displayed in the network status section.
- Cost shares are displayed for plans that have a differential when a referral is obtained or not obtained.
- An indicator has been added for members who have behavioral health benefits with UnitedHealthcare, but no medical plan.

referralLink

- When the system times out, a referral will be automatically resubmitted.
- An error message will display when a duplicate referral is submitted.

An Optum ID is required to access Link to submit claims, verify eligibility, check the status of a claim, or submit a referral or prior authorization request. To get an Optum ID, go to UHCprovider.com/newuser.



For help with 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.

Tell Us What You Think of Our Communications

Your opinion is important to us. We'd like to get your thoughts about The Network Bulletin. Please take a few minutes today to complete the survey online at uhcresearch.az1.qualtrics.com/jfe/form/SV_08sAsRnUY2Kb153. Thank you for your time.

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Updates for Specialty Medications for UnitedHealthcare Commercial, Community Plan and Medicare Advantage members

Effective Aug. 15, 2018, Onpattro (patisiran), a treatment recently approved for the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults, has been added to the Review at Launch program for UnitedHealthcare Commercial Plans and Community Plans. Care providers are encouraged to request a pre-determination for services prior to Jan. 1, 2019.

The Review at Launch drug list is available through the Review at Launch for New to Market Medications policy, which is located at:

- UHCprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/review-at-launch-new-to-market-medications.pdf for **commercial plans**
- UHCprovider.com/en/policies-protocols/comm-plan-medicare-policies/medicaid-community-state-policies.html for **Community Plans**

For dates of service before Jan. 1, 2019, we strongly encourage you to request pre-service coverage reviews so you can check whether a medication is covered before providing services. Clinical coverage reviews can help to avoid starting a patient on therapy that may later be denied due to lack of medical necessity. Please note that if you request a pre-service coverage review, you must wait for our determination before rendering the service.

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We're Retiring Fax Numbers Used for Medical Prior Authorization Requests

We're continuously looking for ways to provide greater administrative simplicity for care providers and reduce the costs of doing business with us. As part of this effort, we're retiring certain fax numbers for medical prior authorization requests and asking you to use the ***Prior Authorization and Notification tool on Link – the same website you already use to check eligibility and benefits, manage claims and update your demographic information.***

The fax numbers retiring on Jan. 1, 2019, are:**877-269-1045****866-362-6101****866-892-4582****866-589-4848****866-255-0959**

More numbers will be added to this list over the next several months. We'll let you know which numbers are being retired in the Network Bulletin and at UHCprovider.com/priorauth.

Some Fax Numbers Won't Retire

Some plans have a state requirement for fax capability and will continue to use their existing fax number for their members. ***However, you can still use the Prior Authorization and Notification tool on Link to submit requests for those members.***

Some retiring fax numbers are also used for inpatient notification. When those numbers retire, we'll publish alternate fax numbers for inpatient notification.

Requests for Additional Information

If we ask you for more information about a prior authorization request, you can attach it directly to the case using the Prior Authorization and Notification tool on Link. If you can't access Link, you can use the fax number included on the request for more information.

Other Ways to Submit a Prior Authorization Request

If you're unable to use the Prior Authorization and Notification tool on Link, you can continue to call Provider Services at **877-842-3210** to submit a request by phone.

Quick Start: Using the Prior Authorization and Notification Tool

Access the tool by clicking on the Link button in the top right corner of this screen and signing in. Learn more at UHCprovider.com/paan.

With the Prior Authorization and Notification tool on Link, you can check if prior authorization or notification is required, submit your request and check status – all in one place. Use it to:

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We're Retiring Fax Numbers Used for Medical Prior Authorization

- Submit a new prior authorization request or inpatient admission notification.
- Get a reference number for each submission, even when prior authorization or notification isn't required.
- Add frequently selected care providers and procedures to your favorites list for quick submissions.
- View medical records requirements for common services, and add an attachment to a new or existing submission.
- Update an existing request with attachments, add clinical notes or make changes to case information.

You'll be redirected to a different site for radiology, cardiology and oncology services.

Access the Prior Authorization and Notification tool by clicking on the Link button in the top right corner of this screen and signing in. New to Link? Click on New User or go to UHCprovider.com/newuser.

Register for training at UHCprovider.com/training to learn about using the Prior Authorization and Notification tool. Learn more at UHCprovider.com/paan or watch one of our short video tutorials:

- [Prior Authorization and Notification Submission](#)
- [Prior Authorization and Notification Inquiry](#)
- [Prior Authorization and Notification Status and Update](#)

We Value Your Feedback

UnitedHealthcare's Provider Digital Feedback Platform is a place to submit your feedback on how to improve experiences, provide ideas, and engage. We'd like to get your thoughts on new initiatives, innovative technologies, and/or program and policy changes. If you're a participating provider in any of UnitedHealthcare's lines of business, please click here to join the conversation uhcresearch.az1.qualtrics.com/jfe/form/SV_cx6HuSh2NIKuiFH.

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Reminder on Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires annual SNP Model of Care (MOC) training for all care providers who treat patients in a Special Needs Plan (SNP). SNPs are a type of Medicare Advantage plan that operates under CMS' MOC structure to help ensure that the unique health care needs of each SNP member are identified, met and measured. A SNP provides targeted care, improved care coordination and continuity of care to members with special needs.

The training includes information about the different types of SNPs tailored to individual needs. If you see UnitedHealthcare members who have benefits under Medicare or Medicaid or both, you may be a SNP care provider. UnitedHealthcare offers the 2018 SNP MOC training as a pre-recorded session that takes about 15 minutes to complete.

Please complete this year's training by Oct. 1, 2018:

- If you do not have an Optum ID, you may register for one at UHCprovider.com. Click on New User and follow the directions listed there. Please allow 24-48 hours for your new Optum ID to give you access. If you experience a problem with registration, please contact your security administrator.

- Once registered with your Optum ID, you may access UHCprovider.com/en/resource-library/training.html or UHCprovider.com > Menu > Resource Library > [Training](#) > 2018 Special Needs Plan Model of Care Training Special Needs > [UHC on Air](#).
- Enter your Optum ID and the session will begin.



For questions, please email us at snp_moc_providertraining@uhc.com or call **888-878-5499**.

Drug Changes for Injectable Chemotherapy and Colony Stimulating Growth Factors Require New Authorization

For members with a current authorization for chemotherapy regimen and/or a white blood colony stimulating factor authorization, any injectable drug change requires a new authorization. This includes:

- A change in a chemotherapy regimen
- Adding a new drug to an existing regimen
- A different white blood colony stimulating factor

To submit an online request to make a new prior authorization, sign in to Link and access the [Prior Authorization and Notification app](#). From the app, select Oncology.

[Front & Center](#)

New to Therapy Short-Acting Opioid Supply and Daily Dose Limits for UnitedHealthcare Community Plan and UnitedHealthcare Commercial Plans – Effective Oct. 1, 2018

Beginning Oct. 1, 2018, UnitedHealthcare Community Plan in some states and UnitedHealthcare commercial plans will implement a short-acting opioid supply limit of three days and less than 50 Morphine Equivalent Dose (MED) per day for patients who are age 19 or younger and new to opioid therapy. Requests for opioids beyond these limits will require prior authorization. This change applies to UnitedHealthcare commercial plans and the UnitedHealthcare Community Plan in California, Nevada, New Jersey, New York and Texas.

Long-term opioid use can begin with the treatment of an acute condition. For this reason, we recommend that you consider prescribing the following:

- The lowest effective dose of an immediate-release opioid; and
- The minimum quantity of an opioid needed for severe, acute pain that requires an opioid

By following these guidelines, we can work together to help minimize unnecessary, prolonged opioid use.

Why We're Making the Change

UnitedHealthcare is dedicated to addressing the opioid crisis and helping people live healthier lives. Studies have

shown that chronic opioid use often starts with a patient being prescribed opioids for acute pain. The length and amount of early opioid exposure is associated with a greater risk of becoming a chronic user. For this reason, the Centers for Disease Control and Prevention recommends that when a patient is prescribed opioids for acute pain, they receive the lowest effective dose for no more than the expected duration of pain severe enough to require opioids.



For more information on this change to the UnitedHealthcare Community Plan, please call **888-362-3368**. For more information for UnitedHealthcare commercial plans, please visit UHCprovider.com.



Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial and Oxford. Go to UHCprovider.com/pharmacy.

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UnitedHealthcare Medicare Prior Authorization Reduction Pilot Conclusion

On Oct. 1, 2018, the UnitedHealthcare Medicare Advantage Prior Authorization Reduction Pilot will conclude, resulting in re-implementation of prior authorization for services previously removed from this requirement. The pilot was implemented Jan. 1, 2017, impacting:

- Medicare Advantage preferred provider organization (PPO) group retiree members (nationally)
- All Medicare Advantage plan members (including Dual Special Needs Plans) seeing care providers in the states of:
 - Alabama (as of May 1, 2017)
 - Arkansas
 - Connecticut
 - Idaho
 - Kansas
 - Missouri
 - North Carolina
 - Rhode Island
 - Wisconsin

For dates of service on or after **Oct. 1, 2018**, the following service categories will require prior authorization for **UnitedHealthcare Medicare Advantage Plan care providers in Alabama, Arkansas, Connecticut, Idaho, Kansas, Missouri, North Carolina, Rhode Island and Wisconsin and care providers for UnitedHealthcare Group Retiree Plan National PPO (NPPO)**. All other UnitedHealthcare Medicare Advantage plans will continue to require prior authorization as applicable and published today. The procedure codes impacted under the listed service categories can be found on the most up-to-date Advance Notification lists which are available online:



UnitedHealthcare Medicare Plans – UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > Plan Requirement Resources

	Category
Bone Growth Stimulator	Radiation Therapies (IMRT, SRS, SBRT)
Cardiology	Radiology
Cochlear Implants & Other Auditory Implants	Sleep Apnea Procedures and Surgeries
Hysterectomies	Spinal Stimulator for Pain Management
Non-Emergent Transport – Air	Vagus Nerve Stimulation
Orthopedic Surgeries	Vein Procedures



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.

[Spotlight on Commercial Quality – Partnering for Improved Quality Outcomes](#)

UnitedHealthcare offers a *Quality Improvement* series on UHC On Air to help you improve quality outcomes. As part of this series, there's a quarterly Spotlight on Commercial Quality broadcast. The next broadcast will be Sept. 12, 2018, from 11 a.m. – noon, Central Time. >

[Updates to Coverage Review Process for Injectable Infertility Medications](#)

We're making updates to our review requirements for certain injectable infertility medications. The changes will affect many of our UnitedHealthcare fully insured commercial plans where outpatient prescription drug coverage for infertility medications is mandated by the state or purchased by the employer. Review of these medications will now be performed by Optum Fertility Solutions. >

[Updated UnitedHealth Premium® Program Physician Designations Will Be Displayed Sept. 26, 2018](#)

On Sept. 26, 2018, updated Premium designations will be displayed in UnitedHealthcare provider directories. As indicated in the evaluation notification letter, the deadline for submission of a request for reconsideration of a physician's designation before it's available to members was Aug. 27, 2018. We'll still accept reconsideration requests after that date and update the physician's designation if applicable, after the reconsideration review is complete. >

[UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates](#)

Effective Oct. 1, 2018, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members. >

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

[Radiology and Cardiology Notification/Prior Authorization Protocols for Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin – Requirement Delayed to 2019](#)

In the August 2018 Network Bulletin, it was announced that services provided to members in Minnesota, North Dakota, South Dakota and western Wisconsin would be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol beginning Sept. 1, 2018. The implementation of those protocols is being delayed to Jan. 1, 2019. We apologize for any confusion this may cause. Additional communications regarding the Radiology and Cardiology protocol requirements will be published closer to the implementation date. >

[UnitedHealthcare Commercial](#)

Spotlight on Commercial Quality – Partnering for Improved Quality Outcomes

UnitedHealthcare offers a *Quality Improvement* series on UHC On Air to help you improve quality outcomes. As part of this series, there's a Spotlight on *Commercial Quality* broadcast on a quarterly basis. The next broadcast will be Sept. 12, 2018, from 11 a.m. – noon, Central Time.

Topics include:

- Healthcare Effectiveness Data Information Set (HEDIS®)
- Consumer Assessment of Healthcare Provider and Systems (CAHPS®)
- Health Plan Accreditation

The series provides an overview on how UnitedHealthcare can partner with you to improve quality outcomes for your patients who are our members. We'll also be offering continuing education units (CEU) or continued medical education (CME) credits – at no cost to you with this series.

Follow these steps to access the **Quality Improvement series**:

- Sign in to Link by going to UHCprovider.com and clicking the Link button in the top right corner.

- Select the UHC On Air tool on your Link dashboard, then choose the UHC News Now Channel, then **UHC Quality Improvement series** to view content.
- Click [HERE](#) to watch the program live on Sept. 12.

At the end of each program, you'll need to answer a series of questions and pass with at least an 80 percent to earn the educational credit certificate. You can download the certificate from your UHC On Air profile, and we'll automatically email a copy to you after completion.



If you have questions about the Quality Improvement series, send an email to uhconair@uhc.com. We'll respond within 48 to 72 hours.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[UnitedHealthcare Commercial](#)

Updates to Coverage Review Process for Injectable Infertility Medications

We're making updates to our review requirements for certain injectable infertility medications. The changes will affect many of our UnitedHealthcare fully insured commercial plans where outpatient prescription drug coverage for infertility medications is mandated by the state or purchased by the employer. Review of these medications will now be performed by Optum Fertility Solutions. Implementing these changes will help ensure members get the right quality of care while confirming clinical appropriateness of fertility treatment before services begin. These requirements will apply to members who are new to therapy only as members currently on these medications will be provided an authorization to continue coverage for a limited period of time.

The following requirements will apply to UnitedHealthcare fully insured commercial plans, including affiliate plans UnitedHealthcare of the Mid Atlantic, UnitedHealthcare of the River Valley plans in Illinois and Iowa and UnitedHealthOne Oxford plans in New Jersey. These requirements are already in place for UnitedHealthcare Oxford. Effective Sept. 17, 2018, we'll require clinical coverage review for Bravelle®, Follistim® AQ, Gonal-f®, Gonal-f® RFF and Menopur® for plans that include outpatient prescription drug coverage through the pharmacy benefit for injectable infertility medications.

Clinical coverage reviews will be conducted by Optum Fertility Solutions. The review will be part of a synchronized medical and pharmacy authorization process that allows for better communication with members and care providers about infertility coverage.

We encourage you to submit any information you want reviewed as part of your coverage review request. When a coverage determination is made, we'll inform you and the member of the coverage determination. If an adverse determination is made, we'll provide you appeal information.

Submitting Clinical Coverage Review Requests

To submit a clinical coverage review request for these medications, please use one of the following methods:

- Go to UHCprovider.com and use the Prior Authorization and Notification app on Link.
- Call Optum Fertility Solutions at (888) 936-7246.
- Complete the Fertility Solutions Prior Authorization Request Form and either:
 - Fax it to (855) 349-8479; or
 - E-mail it to fertility_solutions@optum.com



The fax form can be found at UHCprovider.com > [Prior Authorization and Notification](#) > Forms.

[UnitedHealthcare Commercial](#)

Updated UnitedHealth Premium® Program Physician Designations Will Be Displayed Sept. 26, 2018

On July 27, 2018, UnitedHealth Premium® Program version 11 evaluation notification letters were sent to Premium-eligible physicians. The letters included registration instructions for our new Premium program website, UnitedHealthPremium.UHC.com. Through our new website, you can view version 11 designation details, program methodology and Premium program training and resources. You'll need an Optum ID to validate your account. Premium program communications will now be sent to your Optum ID email. You'll use the communication center to contact the Premium team directly.

On Sept. 26, 2018, updated Premium designations will be displayed in UnitedHealthcare provider directories. As indicated in the evaluation notification letter, the deadline for submission of a request for reconsideration of a physician's designation before it's available to members was Aug. 27, 2018. We'll still accept reconsideration requests after that date and update the physician's designation if applicable, after the reconsideration review is complete.



For more information, contact the Health Care Measurement Resource Center at **866-270-5588**.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

Effective Oct. 1, 2018, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members.*

As a reminder, advance notification/prior authorization is required for 81545 Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious), as previously communicated in the July 2017 Network Bulletin. After you notify us of these procedures, we'll tell you if a clinical coverage review is required as part of our advance notification/prior authorization process and what additional information we need. The medical policy that applies to our clinical coverage reviews is available at UHCprovider.com/en/policies-protocols/commercial-policies.html.

New CPT® codes included in the program:

Category Codes

0012M

Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma

0013M

Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma

0036U

Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses

0037U

Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes,

interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden

0040U

BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative

0045U

Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RTPCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score

0046U

FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative

0047U

Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score

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[UnitedHealthcare Commercial](#)

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UnitedHealthcare Genetic and Molecular Testing Prior Authorization/ Notification Updates

0048U

Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)

0049U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative

0050U

Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements

0055U

Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma

0056U

Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)

0057U

Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank

0060U

Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood

*Laboratory services ordered by Florida network providers for fully insured UnitedHealthcare commercial members in Florida will not have to participate in this requirement due to their participation in the UnitedHealthcare Laboratory Benefit Management Program.

[UnitedHealthcare Commercial](#)

Radiology and Cardiology Notification/ Prior Authorization Protocols for Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin – Requirement Delayed to 2019

In the August 2018 Network Bulletin, it was announced that services provided to members in Minnesota, North Dakota, South Dakota and western Wisconsin would be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol beginning Sept. 1, 2018.

The implementation of those protocols is being delayed to **Jan. 1, 2019**. We apologize for any confusion this may cause. Additional communications regarding the Radiology and Cardiology protocol requirements will be published closer to the implementation date.

If you have questions about the change to the implementation date of the Radiology and Cardiology Notification/Prior Authorization protocol, please call 877-842-3210.



For additional information on these protocols, please refer to the [2018 UnitedHealthcare Administrative Guide](#).

[UnitedHealthcare Commercial](#)

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

For complete details on the policy updates listed in the following table, please refer to the [August 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Aug. 1, 2018
Carrier Testing for Genetic Diseases	Medical	Sept. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Medical	Aug. 1, 2018
Discogenic Pain Treatment	Medical	Sept. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	Sept. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Medical	Aug. 1, 2018
Entyvio® (Vedolizumab)	Drug	Aug. 1, 2018
Enzyme Replacement Therapy	Drug	Aug. 1, 2018
Erythropoiesis-Stimulating Agents	Drug	Aug. 1, 2018
Gender Dysphoria Treatment	Medical	Aug. 1, 2018
Genetic Testing for Hereditary Cancer	Medical	Oct. 1, 2018
Home Health Care	CDG	Aug. 1, 2018
Hysterectomy for Benign Conditions	Medical	Sept. 1, 2018
Manipulative Therapy	Medical	Aug. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	Oct. 1, 2018
Occipital Neuralgia and Headache Treatment	Medical	Sept. 1, 2018
Omnibus Codes	Medical	Oct. 1, 2018

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Pharmacogenetic Testing	Medical	Oct. 1, 2018
Skilled Care and Custodial Care Services	CDG	Aug. 1, 2018
Skin and Soft Tissue Substitutes	Medical	Oct. 1, 2018
Soliris® (Eculizumab)	Drug	Aug. 1, 2018
Spinal Ultrasonography	Medical	Aug. 1, 2018
Whole Exome and Whole Genome Sequencing	Medical	Oct. 1, 2018

Note: 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 Reimbursement Policies

Learn about policy changes and updates.

[Coordinated Commercial Reimbursement Policy Announcement](#)

UnitedHealthcare will implement several commercial reimbursement policy enhancements. Whenever possible, we will make every effort to organize reimbursement policy updates into fewer articles for ease of review. >

[Reimbursement Policy Name Change](#)

UnitedHealthcare will publish updated reimbursement policies for naming conventions changes to the UnitedHealthcare commercial plan's Multiple Procedure Policy and the Medicare Advantage's Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures Policy. Effective Oct. 1, 2018, these policies will be referred to as Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policies. >

[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](#)

Coordinated Commercial Reimbursement Policy Announcement

Whenever possible, UnitedHealthcare will make every effort to organize reimbursement policy updates into fewer articles for ease of review.

UnitedHealthcare remains committed to early, frequent and transparent communication with care providers about our ongoing relationship. The chart below contains an overview of the policy changes and their effective dates for the following policies: **Injection and Infusion Services, Laboratory Services, Supply.**

Policy	Effective Date	Membership Plans In Scope	Summary of Change
Injection and Infusion Services	Dec. 1, 2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> The Injection and Infusion Services Policy will be updated to require that therapeutic infusion codes (96365 and 96366) be reimbursed instead of chemotherapy codes (96413 and 96415) when reported with specific medications. <ul style="list-style-type: none"> Initially, the change will apply to the following four medications: <ul style="list-style-type: none"> J3380 Injection, vedolizumab, 1 mg (Entyvio) J0129 Injection, abatacept, 10 mg (Orencia) J3262 Injection, tocilizumab, 1 mg (Actemra) J1602 Injection, golimumab, 1 mg, for intravenous use (Simponi) Additional medications will be added as part of routine policy maintenance.

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[UnitedHealthcare Reimbursement Policies](#)

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Coordinated Commercial Reimbursement Policy Announcement

Policy	Effective Date	Membership Plans In Scope	Summary of Change
Laboratory Services	Dec. 1, 2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> Currently, there is exclusion for CPT codes 82947 and 82948 from the duplicate logic in the Laboratory Policy This exclusion will be removed and these codes will be subject to duplicate logic in this policy.
Laboratory Services	Dec. 1, 2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> New reporting guidelines for Molecular Diagnostic Laboratory (MDL) and Proprietary Laboratory Analyses (PLA) services include reimbursement to pathologists and independent laboratory provider specialties only in the following places of service. <ul style="list-style-type: none"> – Limiting reimbursement of MDL services to POS: <ul style="list-style-type: none"> • 81 (Independent lab) – Limiting reimbursement of PLA services to POS: <ul style="list-style-type: none"> • 19 (Off Campus-Outpatient Hospital) • 21 (Inpatient hospital) • 22 (On Campus Outpatient Hospital) • 81 (Independent lab)
Intraoperative Neuro-monitoring (IONM)	Sept. 1, 2018	<ul style="list-style-type: none"> Commercial Medicare Advantage Community Plan Medicare 	<ul style="list-style-type: none"> UnitedHealthcare is revising the new Intraoperative Neuro-monitoring (IONM) reimbursement policy. <ul style="list-style-type: none"> – This revision includes consideration for place of service (POS) 24 in addition to POS 19, 21, and 22 when IONM services represented by procedure codes 95940, 95941 and G0453 are reported by a care provider who is not the surgeon or anesthesiologist. – To support quality of care and patient safety, IONM services reported in a POS other than a hospital or ambulatory surgery center will be denied.

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[UnitedHealthcare Reimbursement Policies](#)

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Coordinated Reimbursement Policy Announcement

Policy	Effective Date	Membership Plans In Scope	Summary of Change
Supply	Dec. 1, 2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> The Supply policy will be revised to make the following changes effective Dec. 1, 2018 date of service: <ul style="list-style-type: none"> Supply Policy Code List <ul style="list-style-type: none"> This list will be expanded to include all supply, DME related HCPCS A codes. Supply DME Codes in a Facility Setting <ul style="list-style-type: none"> POS 24 (ambulatory surgical center) will be added to the list of applicable places of service. Additional codes for supplies, DME, orthotics and prosthetics that are considered to be included in the payment to the facility or are only reimbursable to a DME supplier will be added. These codes will be denied when submitted on a professional claim. Supply DME Codes in an ASC <ul style="list-style-type: none"> This list will be discontinued and the Supply DME Codes in a Facility Setting code list will apply to claims submitted with POS 24.

Reimbursement Policy Name Change

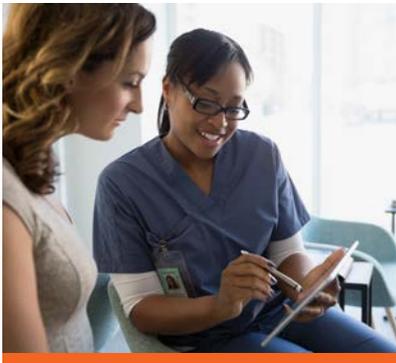
UnitedHealthcare will publish updated reimbursement policies for naming conventions changes to the UnitedHealthcare commercial plan’s Multiple Procedure Policy and the Medicare Advantage’s Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures Policy. Effective Oct. 1, 2018, these policies will be referred to as Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policies. This enhancement will unite the policy titles and further align with the Centers for Medicare and Medicaid Services naming conventions.

This reimbursement policy applies to all network and non-network physicians or other qualified health care professionals. This announcement pertains to reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



[New Cesarean Delivery Reimbursement Policy](#)

UnitedHealthcare Community Plan will implement a new Cesarean Delivery Policy in Ohio, Michigan, Mississippi and Pennsylvania. The policy will reduce reimbursement for cesarean deliveries performed for claims that do not have a supporting diagnosis code. >

[Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations](#)

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they're done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy. >

[Outpatient Injectable Cancer Therapy Authorization Program for UnitedHealthcare Community Plan- Process Change](#)

Effective Nov. 1, 2018, Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable chemotherapy and related cancer therapies listed below. Previously, eviCore managed these prior authorization requests. This change applies to UnitedHealthcare Community Plan members with a cancer diagnosis in Florida, Arizona, Maryland, Washington, Tennessee, Michigan, Mississippi, Ohio and Wisconsin. Any active prior authorizations requested via the former process will remain in place. >

[Clarification on Prior Authorization](#)

Incorrect prior authorization direction was published in the June Network Bulletin for UnitedHealthcare Community Plan of Maryland. The correct direction was published in the July Network Bulletin and is being provided again. >

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

[UnitedHealthcare Community Plan](#)

New Cesarean Delivery Reimbursement Policy

UnitedHealthcare Community Plan will implement a new Cesarean Delivery Policy in Ohio, Michigan, Mississippi and Pennsylvania. The policy will reduce reimbursement for cesarean deliveries performed for claims that do not have a supporting diagnosis code. Claims submitted with a cesarean procedure code must have one of these diagnosis codes or the procedure code will be reimbursed at a reduction of the allowable amount. Cesarean procedure codes include 59510, 59514, 59515, 59618, 59620 and 59622.

For this policy, UnitedHealthcare Community Plan will use the ICD-10 diagnosis codes list defined by the Joint Commission National Quality Measures that supports cesarean deliveries. The list is available at manual.jointcommission.org/releases/TJC2015B/AppendixATJC.html.

We'll also supplement this list with additional diagnosis codes, which will be accessible in the policy at time of publication.

State	Effective Dates of Service
Michigan	Oct. 1, 2018
Mississippi	Sept. 1, 2018
Ohio	Nov. 1, 2018
Pennsylvania	Nov. 1, 2018

This policy applies to claims submitted for UnitedHealthcare Community Plan members on both paper form CMS-1500 and Electronic Data Interface (EDI) transaction 837P claim files. To read the policy, please visit UHCprovider.com > Menu > [Health Plans by State](#).

Note about Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form. UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

[UnitedHealthcare Community Plan](#)

Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they’re done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy.

For these reasons, UnitedHealthcare Community Plan will implement these guidelines for claims processed on or after the effective dates listed in the chart below:

- We’ll allow the first three obstetrical ultrasounds per pregnancy.
- The fourth and subsequent obstetrical ultrasound procedures will only be allowed for members identified as high risk.
- Claims for high-risk members must include a diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list.
- Claims for a fourth or subsequent obstetrical ultrasound procedure will be denied without one of the codes on that list.

State	Effective Date
Michigan	Oct. 1, 2018
Pennsylvania	Nov. 1, 2018

 To read the policy, visit UHCprovider.com > Menu > [Health Plans by State](#).

Note about Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member’s benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don’t address all issues related to reimbursement for services rendered to our members, such as the member’s benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there’s an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.

[UnitedHealthcare Community Plan](#)

Outpatient Injectable Cancer Therapy Authorization Program for UnitedHealthcare Community Plan-Process Change

Effective Nov. 1, 2018 Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable cancer therapy, including chemotherapy and biologic therapy, colony stimulating factors and denosumab. Previously, eviCore managed these prior authorization requests.

- This change applies to UnitedHealthcare Community Plan members with a cancer diagnosis in Florida, Arizona, Maryland, Washington, Tennessee, Michigan, Mississippi, Ohio and Wisconsin. Any active prior authorizations requested via the former process will remain in place.
- Prior authorization will be required for injectable chemotherapy and cancer therapy starting Nov. 1, 2018, for UnitedHealthcare Community Plan members in Iowa, Nebraska and Rhode Island.

To submit an online request for prior authorization with the new process, sign in to Link and access the Prior Authorization and Notification app. From the app, select the “Radiology, Cardiology + Oncology” box. After answering two short questions about the state you work in, you’ll be directed to a new website to process these authorization requests.

Prior authorization will continue to be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors: J2505 (neulasta), J1442 (neupogen), J2820 Leukine® (sargramostim), Q5101 (Filgrastim– biosimilar Zarxio), J1447 Granix (tbo-filgrastim)
- Denosumab (Brand names Xgeva and Prolia): J0897

Prior authorization will be required when adding a new injectable chemotherapy drug or cancer therapy to an existing regimen.

[UnitedHealthcare Community Plan](#)

Clarification on Prior Authorization

Incorrect prior authorization direction was published in the June Network Bulletin for UnitedHealthcare Community Plan of Maryland. The correct direction was published in the July Network Bulletin and is being provided again:

For dates of service on or after **July 1, 2018**, the following codes will require prior authorization per state requirements for **UnitedHealthcare Community Plan of Maryland (Medicaid)**:

Category	Codes
Hearing Aid and Services	V5170, V5180, V5210-V5230, V5250, V5254-V5261, V5299
Cochlear Implant & Other Auditory Implants	L8614, L8619, L8690, L8692

Change in Prior Authorization Requirements

Effective immediately, the following codes will require prior authorization per state requirements for **UnitedHealthcare Community Plan of Mississippi (Medicaid and CHIP)**:

Category	Codes
Hospice	T2042, T2043, T2044, T2045

[UnitedHealthcare Community Plan](#)

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

For complete details on the policy updates listed in the following table, please refer to the [August 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
NEW		
Carrier Testing for Genetic Diseases	Medical	Nov. 1, 2018
Erythropoiesis-Stimulating Agents	Drug	Aug. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	Nov. 1, 2018
UPDATED/REVISED		
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Aug. 1, 2018
Ambulance Services	CDG	Oct. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Medical	Aug. 1, 2018
Chromosome Microarray Testing (Non-Oncology Conditions)	Medical	Oct. 1, 2018
Cochlear Implants	Medical	Oct. 1, 2018
Cognitive Rehabilitation	Medical	Oct. 1, 2018
Cosmetic and Reconstructive Procedures	CDG	Oct. 1, 2018
Discogenic Pain Treatment	Medical	Oct. 1, 2018
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	CDG	Oct. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	Oct. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Medical	Aug. 1, 2018
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	Oct. 1, 2018

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[UnitedHealthcare Community Plan](#)

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Gender Dysphoria Treatment	Medical	Aug. 1, 2018
Gene Expression Tests for Cardiac Indications	Medical	Oct. 1, 2018
Genetic Testing for Hereditary Cancer	Medical	Oct. 1, 2018
Hepatitis Screening	Medical	Oct. 1, 2018
Home Health Care	CDG	Aug. 1, 2018
Hospice Care (for Florida, Louisiana, Mississippi and Tennessee)	CDG	Sept. 1, 2018
Macular Degeneration Treatment Procedures	Medical	Oct. 1, 2018
Manipulative Therapy	Medical	Oct. 1, 2018
Occipital Neuralgia and Headache Treatment	Medical	Oct. 1, 2018
Omnibus Codes	Medical	Oct. 1, 2018
Pharmacogenetic Testing	Medical	Oct. 1, 2018
Skilled Care and Custodial Care Services	CDG	Aug. 1, 2018
Skin and Soft Tissue Substitutes	Medical	Oct. 1, 2018
Soliris® (Eculizumab)	Drug	Aug. 1, 2018
Spinal Ultrasonography	Medical	Aug. 1, 2018
Whole Exome and Whole Genome Sequencing	Medical	Oct. 1, 2018

Note: 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 Medicare Advantage

Learn about Medicare Advantage policy, reimbursement and guideline changes.

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

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

[2019 Medicare Advantage Service Area Reductions](#)

We'll be sending non-renewal notices by Oct. 2, 2018 to UnitedHealthcare Medicare Advantage members who will be impacted by service area reductions effective Jan. 1, 2019. The non-renewal notice will give these members information about their special election period eligibility for 2019 coverage. The majority of care providers and facilities contracted for UnitedHealthcare Medicare Advantage products will not be affected by these changes. >



[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
UPDATED/REVISED (Approved on July 11, 2018)
Adult Liver Transplantation (NCD 260.1)
Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)
Avastin® (Bevacizumab)
Cavernous Nerves by Electrical Stimulation with Penile Plethysmography (NCD 160.26)
Cochlear Implantation (NCD 50.3)
Consultations with a Beneficiary's Family and Associates (NCD 70.1)
Cryosurgery of Prostate (NCD 230.9)
Dental Examination Prior to Kidney Transplantation (NCD 260.6)
Diagnosis and Treatment of Impotence (NCD 230.4)
Esophageal Manometry (NCD 100.4)
High Resolution Anoscopy
Intestinal and Multi-Visceral Transplantation (NCD 260.5)
Manipulation (NCD 150.1)
Ocular Telescope
Prostate Cancer Screening Tests (NCD 210.1)
Refractive Keratoplasty (NCD 80.7)
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)
Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1)

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on July 11, 2018)
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)
Stereotactic Computer Assisted Volumetric and/or Navigational Procedures
Thrombolytic Agents
Transcendental Meditation (NCD 30.5)
Ultrasonic Surgery (NCD 50.8)
Urinary Drainage Bags (NCD 230.17)
Vertebral Artery Surgery (NCD 20.1)
Xgeva®, Prolia® (Denosumab)
RETIRED (Approved on July 11, 2018)
Jetrea® (Ocriplasmin)

Note: 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 Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the [August 2018 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

Policy Title
UPDATED/REVISED (Approved on July 17, 2018)
Complementary and Alternative Medicine
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery
Fabric Wrapping of Abdominal Aneurysms
Glaucoma Surgical Treatments
Hearing Screening and Audiologist Services
Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments
Joints and Joint Procedures
Mental Health Services and Procedures
Oxygen for Home Use
Prostate: Services and Procedures
Thermogenic Therapy
Transvenous (Catheter) for Pulmonary Embolectomy
Varicose Veins Treatment and Other Vein Embolization Procedures

Note: 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 Medicare Advantage](#)

2019 Medicare Advantage Service Area Reductions

We'll be sending non-renewal notices by Oct. 2, 2018 to UnitedHealthcare Medicare Advantage members who will be impacted by service area reductions effective Jan. 1, 2019. The non-renewal notice will give these members information about their special election period eligibility for 2019 coverage. The majority of care providers and facilities contracted for UnitedHealthcare Medicare Advantage products will not be affected by these changes.



To learn more and access frequently asked questions, visit [UHCprovider.com](#) > [Health Plans by State](#) > [\[Choose your state\]](#) > [Medicare](#) > [\[Select plan name\]](#) > [Tools & Resources](#), or contact your local [Network Account Manager](#) or [Provider Advocate](#).



Doing Business Better

Learn about how we make improved health care decisions.



[Enhanced Prescription Functionality Now Available in Allscripts](#)

UnitedHealthcare's PreCheck MyScript functionality on Link is now integrated in the Allscripts e-prescribing system. The solution allows you to check medication coverage, patient cost share, prior authorization requirements and more – without leaving your existing workflow. >

[UnitedHealthcare Health Management Programs](#)

UnitedHealthcare offers case and disease management programs to support physicians' treatment plans and assist members in managing their conditions. Using medical, pharmacy and behavioral health claims data, our predictive model systems help us identify members who are at high risk and directs them to our programs. >

[Online Prevention Program Available for Information on Depression, Substance-Use Disorders and ADHD](#)

United Behavioral Health has developed an online prevention program that offers information and practice tools to support your treatment of patients with depression, substance-use disorders and attention-deficit/hyperactivity disorder (ADHD). Physicians and other health care professionals may access the program at prevention.liveandworkwell.com. >

[Evidenced-Based Clinical Practice Guidelines](#)

UnitedHealthcare uses evidenced-based clinical guidelines from nationally recognized sources to guide our quality and health management programs. >

[Doing Business Better](#)

Enhanced Prescription Functionality Now Available in Allscripts

UnitedHealthcare's PreCheck MyScript functionality on Link is now integrated in the Allscripts e-prescribing system.

The solution allows you to check medication coverage, patient cost share, prior authorization requirements and more — without leaving your existing workflow. Adding a medication to your patient's electronic health record will automatically trigger a real-time benefit check and provide key information from UnitedHealthcare and Optum Rx, which may assist in selecting the best medication for a patient's condition and plan requirements. This all takes place before the patient leaves your office:

- If the medication is not covered, non-preferred or if prior authorization is needed, the system will indicate that right away.
- The patient's cost share will be displayed along with lower cost alternatives for your consideration.
- When prior authorization is required, you'll be prompted to provide the needed information and the e-prescription will be pended until an approval decision is made.
- If the medication is preferred and doesn't require prior authorization or has no alternatives, the e-prescription is routed to the pharmacy.

If you have any questions, contact your Allscripts representative.



Don't use an electronic prescribing service? No problem! You can use PreCheck MyScript on Link. Go to UHCprovider.com/precheckmyscript for more information.

[Doing Business Better](#)

UnitedHealthcare Health Management Programs

UnitedHealthcare offers case and disease management programs to support care providers' treatment plans and assist members in managing their conditions. Using medical, pharmacy and behavioral health claims data, our predictive model systems help us identify members who are at high risk and directs them to our programs.

Patients can also be identified at time of hospital discharge through a health risk assessment, Nurseline referral, or member or caregiver referral. If you have patients who are UnitedHealthcare members who would benefit from case or disease management, you can refer them to the appropriate program by calling the number on the back of the member's health insurance ID card.

Participation in these programs is voluntary. Upon referral, each member is assessed for the appropriate level of care for his or her individual needs. Programs vary depending on the member's benefit plan.

Case Management

At the core of case management is identifying high-cost, complex, at-risk members who can benefit from these services. We collaborate with members and their physicians or other health care professionals to facilitate health care access and decisions that can have a dramatic impact on the quality and affordability of their health care.

Specifically, our programs are designed to help ensure individuals:

- Receive evidenced-based care
- Have necessary self-care skills and/or caregiver resources
- Have the right equipment and supplies to perform self-care
- Have requisite access to the health care delivery system

- Are compliant with medications and the physician's treatment plan

Our case managers are registered nurses who engage the appropriate internal, external or community-based resources needed to address members' health care needs. When appropriate, we provide referrals to other internal programs such as disease management, complex condition management, behavioral health, employee assistance and disability. Case management services are voluntary and a member can opt out at any time.

Disease Management Programs

We offer disease management programs designed to provide members with specific conditions the appropriate level of intervention.

Depending on the member's health plan and benefit plan design, disease management programs vary and may include:

- Coronary artery disease
- Diabetes
- Heart failure
- Asthma
- Chronic obstructive pulmonary disease
- Cancer
- High risk pregnancy

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UnitedHealthcare Health Management Programs

- Kidney disease
- Acute MI*
- Hemophilia*

Our programs include:

- Screening for depression and helping members access the appropriate resources.
- Addressing lifestyle-related health issues and referring to programs for weight management, nutrition, smoking cessation, exercise, diabetes care and stress management.
- Helping members understand and manage their condition and its implications.
- Education on how to reduce risk factors, maintain a healthy lifestyle, and adhere to treatment plans and medication regimens.

For some programs, members may receive:

- A comprehensive assessment by specialty-trained registered nurses to determine the appropriate level and frequency of interventions.

- Educational mailings, newsletters and tools such as a HealthLog to assist them in tracking their physician visits, health status and recommended targets or other screenings.
- Information on gaps in care and encouragement to discuss treatment plans, goals and results with the physician.
- Care providers with patients in moderate intensity programs may receive information on their patient's care opportunities.
- Transitional case management when high-risk patients are discharged from a hospital.
- Outbound calls for the highest risk individuals to address particular gaps in care. You'll be notified when patients are identified for the high-risk program.

These programs complement the care provider's treatment plan, reinforce instructions you may have provided and offer support for healthy lifestyle choices.

* Limited to eligible UnitedHealthcare River Valley and Neighborhood Health Program members.

Online Prevention Program Available for Information on Depression, Substance-Use Disorders and ADHD

United Behavioral Health has developed an online prevention program that offers information and practice tools to support your treatment of patients with depression, substance-use disorders and attention-deficit/hyperactivity disorder (ADHD). A convenient, reliable and free source of pertinent health information, the Prevention Center for each condition includes a library of articles designed to support prevention and recovery, information about co-morbid conditions, links to nationally recognized practice guidelines, a printable self-appraisal to use or refer to your patients, and a list of support resources for you, your patients and their families. Physicians and other health care professionals may access the program at liveandworkwell.com/content/en/prevention.html.

[Doing Business Better](#)

Evidenced-Based Clinical Practice Guidelines

UnitedHealthcare uses evidenced-based clinical guidelines from nationally recognized sources to guide our quality and health management programs. There have been significant changes to the guidelines marked with an asterisk in the following chart:

Topic	Organization
Acute Myocardial Infarction with ST Elevation	American College of Cardiology/American Heart Association
Acute Myocardial Infarction without ST Elevation	American College of Cardiology/American Heart Association
Asthma	National Heart, Lung and Blood Institute
Attention Deficit Hyperactivity Disorder (ADHD)	American Academy of Child and Adolescent Psychiatry
Bipolar Disorder: Adults	American Psychiatric Association
Bipolar Disorder: Children & Adolescents	American Academy of Child and Adolescent Psychiatry
Cardiovascular Disease: Prevention in Women	American Heart Association
Cardiovascular Disease: Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease	American College of Cardiology/American Heart Association
Cholesterol Management	American College of Cardiology/American Heart Association
Chronic Obstructive Lung Disease*	Global Initiative for Chronic Obstructive Lung Disease (GOLD)
Depression/Major Depressive Disorder	American Psychiatric Association
Diabetes*	American Diabetes Association
Dietary Guidelines	U.S. Department of Health and Human Services
Heart Failure*	American College of Cardiology/American Heart Association/ Heart Failure Society of America
Hemophilia and von Willebrand Disease	World Federation of Hemophilia and National Heart, Lung & Blood Institute
Human Immuno-deficiency Virus (HIV)	HIV Medicine Association of the Infectious Diseases Society of America
Hyperbilirubinemia in Newborns	American Academy of Pediatrics
Hypertension	Panel Members Appointed to the Eighth Joint National Committee (JNC 8). Note: Guideline is freely available, but registration may be required.
Lifestyle Management to Reduce Cardiovascular Risk	American College of Cardiology/American Heart Association

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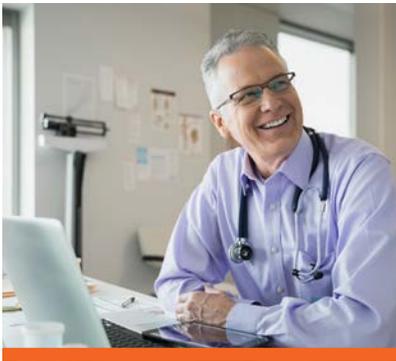
Evidenced-Based Clinical Practice Guidelines

Topic	Organization
Obesity	American Heart Association/American College of Cardiology/ The Obesity Society
Physical activity	U.S. Department of Health and Human Services
Preventive Services	Agency for Healthcare Research and Quality
Schizophrenia	American Psychiatric Association
Sickle Cell Disease	National Heart, Lung and Blood Institute
Spinal Stenosis	North American Spine Society
Stable Ischemic Heart Disease	American College of Cardiology/American Heart Association et al.
Substance Use Disorders	American Psychiatric Association
Tobacco Use	U.S. Department of Health and Human Services



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[Transition on Electronic Fund Transfers for Oxford Health Plans](#)

UnitedHealthcare, Oxford is transitioning care providers from PNC Bank to Optum's Electronic Payments and Statements (EPS). To continue receiving electronic funds transfers, all care providers currently receiving payments through PNC Bank will need to register for EPS. Care providers should go to Optum.com/enroll to sign up. >

[SignatureValue/ UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates](#) >



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Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [August 2018 Policy Update Bulletin](#) at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Ambulance	Reimbursement	Aug. 1, 2018
Apheresis	Clinical	Sept. 1, 2018
Autism	Administrative	Sept. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	Clinical	Sept. 1, 2018
Bronchial Thermoplasty	Clinical	Aug. 1, 2018
Cochlear Implants	Clinical	Sept. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Clinical	Sept. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Clinical	Aug. 1, 2018
Disclosure Policy	Administrative	Sept. 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Sept. 1, 2018
Drug Coverage Guidelines	Clinical	Sept. 1, 2018
Drug Testing	Reimbursement	Sept. 1, 2018
Enzyme Replacement Therapy	Clinical	Sept. 1, 2018
Erythropoiesis-Stimulating Agents	Clinical	Aug. 1, 2018
Erythropoiesis-Stimulating Agents	Clinical	Nov. 1, 2018
In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy	Administrative	Sept. 1, 2018
Laser Interstitial Thermal Therapy	Clinical	Sept. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Clinical	Aug. 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Clinical	Aug. 1, 2018
Manipulative Therapy	Clinical	Aug. 1, 2018
Maximum Frequency Per Day Policy	Reimbursement	Aug. 20, 2018

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UnitedHealthcare Affiliates

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
<u>Maximum Frequency Per Day Policy</u>	Reimbursement	Sept. 1, 2018
<u>Maximum Frequency Per Day Policy (CES)</u>	Reimbursement	Sept. 1, 2018
<u>Meniscus Implant and Allograft</u>	Clinical	Aug. 1, 2018
<u>Obstructive Sleep Apnea Treatment</u>	Clinical	Aug. 1, 2018
<u>Pectus Deformity Repair</u>	Clinical	Aug. 1, 2018
<u>Private Duty Nursing Services (PDN)</u>	Clinical	Aug. 1, 2018
<u>Requests for In-Network Exceptions</u>	Administrative	Sept. 1, 2018
<u>Rhinoplasty and Other Nasal Surgeries</u>	Clinical	Aug. 1, 2018
<u>Soliris® (Eculizumab)</u>	Clinical	Aug. 1, 2018
<u>Supply Policy</u>	Reimbursement	Sept. 1, 2018
<u>T Status Codes</u>	Reimbursement	Sept. 1, 2018
<u>Time Span Codes</u>	Reimbursement	Aug. 20, 2018
<u>Timeframe Standards for Benefit Administrative Initial Decisions</u>	Administrative	Sept. 1, 2018
<u>Timeframe Standards for Utilization Management (UM) Initial Decisions</u>	Administrative	Sept. 1, 2018
<u>Total Artificial Disc Replacement for the Spine</u>	Clinical	Sept. 1, 2018
<u>Total Artificial Heart</u>	Clinical	Sept. 1, 2018
<u>Umbilical Cord Blood Harvesting and Storage for Future Use</u>	Clinical	Aug. 1, 2018
<u>Vision Services (Including Refractive Surgery)</u>	Administrative	Sept. 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that Oxford 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.

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

Transition on Electronic Fund Transfers for Oxford Health Plans

UnitedHealthcare, Oxford is transitioning care providers from PNC Bank to Optum's Electronic Payments and Statements (EPS). To continue receiving electronic funds transfers, all care providers currently receiving payments through PNC Bank will need to register for EPS. Care providers should go to [Optum.com/enroll](https://www.optum.com/enroll) to sign up and contact the EPS Help desk at 877-620-6194 with questions.

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SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [August 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins](#).

Policy Title	Applicable State(s)	Effective Date
UPDATED/REVISED		
Ambulance Transportation	All (California, Oklahoma, Oregon, Texas, & Washington)	Sept. 1, 2018
Developmental Delay and Learning Disabilities	All	Sept. 1, 2018
Experimental and Investigational Services	All	Sept. 1, 2018
Hearing Services	All	Sept. 1, 2018
Pervasive Developmental Disorder and Autism Spectrum Disorder	Oregon	Sept. 1, 2018
Sexual Dysfunction	All	Aug. 1, 2018

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SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [August 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

Policy Title	Effective Date
UPDATED/REVISED	
Abnormal Uterine Bleeding and Uterine Fibroids	Aug. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	Sept. 1, 2018
Carrier Testing for Genetic Diseases	Sept. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Aug. 1, 2018
Discogenic Pain Treatment	Sept. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Aug. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Sept. 1, 2018
Gender Dysphoria Treatment Excluding California	Aug. 1, 2018
Genetic Testing for Hereditary Cancer	Oct. 1, 2018
Hysterectomy for Benign Conditions	Sept. 1, 2018
Manipulative Therapy	Aug. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Oct. 1, 2018
Occipital Neuralgia and Headache Treatment	Sept. 1, 2018
Omnibus Codes	Oct. 1, 2018
Pharmacogenetic Testing	Oct. 1, 2018
Skilled Care and Custodial Care Services	Aug. 1, 2018
Skin and Soft Tissue Substitutes	Oct. 1, 2018

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[UnitedHealthcare Affiliates](#)

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SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

Policy Title	Effective Date
UPDATED/REVISED	
Soliris® (Eculizumab)	Aug. 1, 2018
Spinal Ultrasonography	Aug. 1, 2018
Whole Exome and Whole Genome Sequencing	Oct. 1, 2018

Note: 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.



State News

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



[California Timely Access To Non-Emergency Health Care Services Reminder for UnitedHealthcare's California Commercial Provider Network](#)

In accordance with California state law, California Timely Access to Non-Emergency Health Care Services applies to all fully insured California Commercial benefit plans. >

State News

California Timely Access To Non-Emergency Health Care Services Reminder for UnitedHealthcare's California Commercial Provider Network

In accordance with California state law, California Timely Access to Non-Emergency Health Care Services applies to all fully insured California Commercial benefit plans as follows:

- The timeliness standards require licensed health care providers to offer members appointments that meet the California time frames. The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the member.
- Triage or screening services by phone must be provided by licensed staff 24 hours per day, seven days per week. Unlicensed staff persons shall not use the answers to those questions in an attempt to assess, evaluate, advise or make any decision regarding the condition of a member or determine when a member needs to be seen by a licensed medical professional.
- UnitedHealthcare of California and UnitedHealthcare Benefits Plan of California managed care members and covered persons of UnitedHealthcare Insurance Company benefit plans have access to free triage and screening services 24 hours a day, seven days a week through Optum's NurseLine at 866-747-4325.
- If a member or covered person is unable to obtain a timely referral to an appropriate provider, please refer to the "Non-Participating Care Provider Referrals" or "Referrals & Referral Contracting, Out-of-Network Provider Referrals (Commercial HMO and Medicare Advantage)" section for further details. If still unable to obtain a timely referral to an appropriate provider after following these steps, a care provider, member, or covered person may contact:
 - 888-466-2219 (Members with California Department of Managed Health Care regulated plans)
 - 800-927-4357 (Members with California Department of Insurance regulated plans)

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. OptumRx, OptumHealth Care Solutions, Inc. or its 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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