

FEBRUARY 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.



Table of Contents



Front & Center

Stay up to date with the latest news and information.

[PAGE 3](#)



UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

[PAGE 10](#)



UnitedHealthcare Commercial Reimbursement Policies

Learn about policy changes and updates.

[PAGE 15](#)



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[PAGE 17](#)



UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

[PAGE 21](#)



Doing Business Better

Learn about how we make improved health care decisions.

[PAGE 30](#)



UnitedHealthcare Affiliates

Learn about updates with our company partners.

[PAGE 32](#)



State News

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

[PAGE 42](#)



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 March 1, 2018**](#)

On March 1, 2018, UnitedHealthcare Community Plan in some states and UnitedHealthcare commercial plans will implement a short-acting opioid supply limit of seven days and less than 50 Morphine Equivalent Dose (MED) per day for patients new to opioid therapy. >

[**UHCWest.com Moved to UHCprovider.com and Link**](#)

The UHCWest.com website has been retired to consolidate our online tools. Anyone who visits UHCWest.com will be redirected to our content site, UHCprovider.com. >

[**UnitedHealthcare Hospital Quality Program Retired on Jan. 1, 2018**](#)

On Jan. 1, 2018, the UnitedHealthcare Hospital Quality Program was retired. Provider directories on myuhc.com will still have Leapfrog Group ratings and Joint Commission on Accreditation of Healthcare Organizations information. >

[**Billing for Intravenous and Subcutaneous Immune Globulin and Remicade®**](#)

We want to let care providers know about a billing issue for Intravenous (IV) and Subcutaneous (SC) Immune Globulin (IG) and Remicade® (IV) affecting outpatient facilities. We've received some claims without the appropriate ICD-10-CM diagnosis billing codes as listed in UnitedHealthcare policy guidelines. >

[**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 and UnitedHealthcare Communications. >

[**Medical Benefit Update for Brineura™**](#)

Beginning May 1, 2018, Brineura™ must be acquired from Orsini Pharmaceuticals for members covered by a UnitedHealthcare commercial plan. For UnitedHealthcare Medicare Advantage members, care providers may continue to purchase Brineura and directly bill UnitedHealthcare Medicare Advantage. >



[**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 plans. >

[**MedExpress Delivers Quality Urgent Care**](#)

MedExpress Urgent Care provides urgent care, supports care providers with after-hours care and helps prevent minor issues from being treated in an emergency room. MedExpress works with primary care providers, specialists and area hospitals to meet the needs of patients, including coordinating care with specialists when needed. >

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

[Front & Center](#)

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

Beginning March 1, 2018, UnitedHealthcare Community Plan in some states and UnitedHealthcare commercial plans will implement a short-acting opioid supply limit of seven days and less than 50 Morphine Equivalent Dose (MED) per day for patients 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, Hawaii, Nevada, New Jersey, New Mexico, New York, Texas and Florida (Healthy Kids).

How This Affects You and Your Patients

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 adhering to these guidelines, you'll be working 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 utilizer. 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 UnitedHealthcare Community Plan, please call **888-362-3368**. For more information for UnitedHealthcare commercial plans, please visit UHCprovider.com.

[Front & Center](#)

UHCWest.com Moved to UHCprovider.com and Link

The UHCWest.com website has been retired to consolidate our online tools. Anyone who visits [UHCWest.com](#) will be redirected to our content site, [UHCprovider.com](#). If UHCprovider.com is new to you, you can view general information and FAQs [online](#).

Capitation, Settlement, Shared Risk Claims, Eligibility and Patient Management reports from UHCWest.com are now available in the Document Vault tool at the top of the Link dashboard. Visit [UHCprovider.com/DocumentVault](#) for more information about accessing your reports.

To access secure self-service transactions, including Document Vault, sign in using the Link button in the right corner of the UHCprovider.com home page. An Optum ID is required to access Link and perform online transactions, such as eligibility verification, claims status, claims reconsideration, referrals and prior authorizations. To get an Optum ID, go to UHCprovider.com and click on [New User](#) to register for Link access.

Your organization's Password Owner(s) control your access to the apps and tools on the Link dashboard. [UHCprovider.com/Link](#) houses information to help you [identify your Password Owner](#) as well as User ID and Password Management guides for Password Owners.



For help with Link, call the UnitedHealthcare Connectivity Helpdesk at **866-842-3278**, option 1, Monday through Friday, 8 a.m. to 10 p.m., Eastern Time.

UnitedHealthcare Hospital Quality Program Retired on Jan. 1, 2018

On Jan. 1, 2018, the UnitedHealthcare Hospital Quality Program was retired. Members will not see hospital quality information on the myHealthcare Cost Estimator tool. Provider directories on [myuhc.com](#) will still have Leapfrog Group ratings and Joint Commission on Accreditation of Healthcare Organizations information available. Please contact your Network Account Manager with questions.

[Front & Center](#)

Billing for Intravenous and Subcutaneous Immune Globulin and Remicade®

We want to inform care providers about a billing issue for Intravenous (IV) and Subcutaneous (SC) Immune Globulin (IG) and Remicade® (IV) affecting outpatient facilities. We have received some claims related to UnitedHealthcare commercial plans and UnitedHealthcare Community Plan without the appropriate ICD-10-CM diagnosis billing codes as listed in UnitedHealthcare Medical Benefit Drug policy guidelines.

Claims will be reviewed to help ensure the condition treated with these medications is consistent with the Medical Benefit Drug policy. Any claims that have a diagnosis not consistent with the drug policy may be denied. In these cases, a representative from Optum will contact the care provider to review the claim. Using the correct ICD-10-CM code doesn't guarantee coverage of a service. The service must be used consistent with the criteria outlined in our UnitedHealthcare Medical Benefit drug policies.

We'll continue to work with care providers to understand why this is happening. For more information, please contact your network account manager or provider advocate.

Tell Us What You Think of Our Communications

As a regular reader of The Network Bulletin, your opinion is important to us. We'd like to get your thoughts about The Network Bulletin and UnitedHealthcare communications related to network changes, quality initiatives and other issues. 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.

[Front & Center](#)

Medical Benefit Update for Brineura™

Beginning May 1, 2018, Brineura™ must be acquired from Orsini Pharmaceuticals for members covered by a UnitedHealthcare commercial plan. For UnitedHealthcare Medicare Advantage members, care providers may continue to purchase Brineura and directly bill UnitedHealthcare Medicare Advantage.

Pharmacies may not bill Medicare plans for drugs furnished to a care provider for administration to a Medicare beneficiary. In addition, these requests may be subject to medical policy review as part of benefit coverage review.

These updated requirements apply to members in UnitedHealthcare commercial plans insured or administered by UnitedHealthcare of the Mid-Atlantic, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, UnitedHealthcare Oxford and UnitedHealthcare. This protocol does not apply to New York State Empire Plan, UnitedHealthcare West and UnitedHealthcare Community Plans.

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. Go to UHCprovider.com/pharmacy.

[Front & Center](#)

MedExpress Delivers Quality Urgent Care

MedExpress Urgent Care is an Optum company that provides urgent care, supports care providers with after-hours care and helps prevent minor issues from being treated in an emergency room. MedExpress works with primary care providers, specialists and area hospitals to meet the needs of patients, including coordinating care with specialists when needed. With evening and weekend hours – and no appointments necessary – MedExpress can provide patient support outside regular office hours.

MedExpress delivers quality, convenient health care in a patient-centric manner. Each MedExpress urgent care center boasts a full medical team that provides episodic health care services, including treatment for illnesses and injuries. With more than 250 centers in 19 states – and more centers opening each month – MedExpress offers an affordable option for patients who need timely care but do not require treatment in an emergency room.

The centers cover:

- Injury and illnesses
 - Colds, flu and strep
 - Fractures, sprains and strains
 - X-rays, labs, IVs and stitches
 - Minor surgical procedures
- Basic wellness and prevention
 - Medical evaluations and screenings
 - Physicals
 - Immunizations
 - Well-child exams

- Employer Health Services
 - On-the-job injury care and coordination
 - Occupational medicine
 - Employee health and wellness
 - On-site and near-site centers



If you're interested in collaborating with MedExpress, please contact Josh Caplan, director of relationship marketing, at icaplan@medexpress.com.

For general information about MedExpress, go to medexpress.com.

[Front & Center](#)

Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [January 2018 UnitedHealthcare Dental Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Dental Clinical Policies and Coverage Guidelines > Dental Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
TAKE NOTE: ANNUAL CDT CODE UPDATES		
Application of Medicaments and Desensitizing Resins	Clinical Policy	Jan. 1, 2018
Full Mouth Debridement	Coverage Guideline	Jan. 1, 2018
General Anesthesia Conscious Sedation Services	Coverage Guideline	Jan. 1, 2018
Implants	Coverage Guideline	Jan. 1, 2018
Medically Necessary Orthodontic Treatment	Coverage Guideline	Jan. 1, 2018
Miscellaneous Diagnostic Procedures	Coverage Guideline	Jan. 1, 2018
National Standardized Dental Claim Utilization Review Criteria	Utilization Review Guideline	Jan. 1, 2018
Non-Surgical Endodontics	Coverage Guideline	Jan. 1, 2018
Non-Surgical Extractions	Coverage Guideline	Jan. 1, 2018
Oral Surgery: Miscellaneous Surgical Procedures	Clinical Policy	Jan. 1, 2018
Oral Surgery: Orthodontic Related Procedures	Clinical Policy	Jan. 1, 2018
Removable Prosthodontics	Coverage Guideline	Jan. 1, 2018
Single Tooth Indirect Restorations	Coverage Guideline	Jan. 1, 2018
Surgical Endodontics	Clinical Policy	Jan. 1, 2018
Surgical Periodontics: Resective Procedures	Clinical Policy	Jan. 1, 2018
UPDATED/REVISED		
Genetic Testing for Oral Disease	Clinical Policy	Jan. 1, 2018
Labial Veneers	Coverage Guideline	Feb. 1, 2018
Non-Ionizing Diagnostic Procedures	Clinical Policy	Jan. 1, 2018
Non-Surgical Endodontics	Coverage Guideline	Jan. 1, 2018
Provisional Splinting	Coverage Guideline	Jan. 1, 2018
Salivary Testing	Coverage Guideline	Jan. 1, 2018
Single Tooth Indirect Restorations	Coverage Guideline	Feb. 1, 2018
RETIRED		
Imaging Services: Cone Beam Computed Tomography	Clinical Policy	Jan. 1, 2018

Note: 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. 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 Commercial

Learn about program revisions
and requirement updates.



[Product and Sourcing Update for Hyaluronic Acid Product – Durolane®](#)

Beginning May 1, 2018, UnitedHealthcare will require that Durolane® be obtained from a designated specialty pharmacy for UnitedHealthcare commercial plan members. >

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

[UnitedHealthcare Commercial](#)

Product and Sourcing Update for Hyaluronic Acid Product – Durolane®

Beginning May 1, 2018, UnitedHealthcare will require that Durolane® be obtained from a designated specialty pharmacy for UnitedHealthcare commercial plan members. This is the same process currently required for Gel-one®, Supartz®, Hyalgan®, Orthovisc®, Gel-Syn®, Gelsyn-3®, Genvisc®, and Hymovis®. These requests also may be subject to medical policy review as part of benefit coverage review.

Care providers may continue to purchase Euflexxa®, Synvisc® and Synvisc-One® and directly bill UnitedHealthcare. Our network care providers often prefer this method because it offers them the opportunity to administer hyaluronic acid to their patients immediately. If care providers prefer not to “buy and bill,” they may acquire these medications from a UnitedHealthcare-designated specialty pharmacy. A list of these pharmacies and faxable prescription enrollment forms are available at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > [Specialty Pharmacy Program](#).

Effective April 1, 2018, UnitedHealthcare of the Mid-Atlantic Health Plan, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, and Oxford Health Plans (NY and CT) will require prior authorization/pre-certification for **Durolane** at all places of service for our commercial members. Failure to obtain prior authorization for **Durolane** may result in non-payment of claims. Requests for retrospective authorization will not be accepted, and charges for these products cannot be billed to members.

These updated prior authorization requirements apply only to UnitedHealthcare commercial plan members insured or administered by UnitedHealthcare of the Mid-Atlantic health plans, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, and Oxford Health Plans (NY and CT).

[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 [January 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
TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Drug	Jan. 1, 2018
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Jan. 1, 2018
Apheresis	Medical	Jan. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Medical	Jan. 1, 2018
Brineura™ (Cerliponase Alfa)	Drug	Jan. 1, 2018
Clotting Factors and Coagulant Blood Products	Drug	Jan. 1, 2018
Cochlear Implants	Medical	Jan. 1, 2018
Cognitive Rehabilitation	Medical	Jan. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	Jan. 1, 2018
Cosmetic and Reconstructive Procedures	CDG	Jan. 1, 2018
Emergency Health Care Services and Urgent Care Center Services	CDG	Jan. 1, 2018
Exondys 51™ (Eteplirsen)	Drug	Jan. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Medical	Jan. 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Medical	Jan. 1, 2018
Genetic Testing For Hereditary Cancer	Medical	Jan. 1, 2018
Habilitative Services for Essential Health Groups	CDG	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Jan. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
Infertility Diagnosis and Treatment	Medical	Jan. 1, 2018
Maximum Dosage	Drug	Jan. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	Jan. 1, 2018
Ocrevus™ (Ocrelizumab)	Drug	Jan. 1, 2018
Omnibus Codes	Medical	Jan. 1, 2018
Preventive Care Services	CDG	Jan. 1, 2018
Probuphine® (Buprenorphine)	Drug	Jan. 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	Jan. 1, 2018
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	CDG	Jan. 1, 2018
Rehabilitation Services (Outpatient)	CDG	Jan. 1, 2018
Sodium Hyaluronate	Medical	Jan. 1, 2018
Spinal Ultrasonography	Medical	Jan. 1, 2018
Spinraza™ (Nusinersen)	Drug	Jan. 1, 2018
Stelara® (Ustekinumab)	Drug	Jan. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	Feb. 1, 2018
Surgical Treatment for Spine Pain	Medical	Jan. 1, 2018
Total Artificial Heart	Medical	Jan. 1, 2018
Transcatheter Heart Valve Procedures	Medical	Feb. 1, 2018
Transcranial Magnetic Stimulation	Medical	Jan. 1, 2018
NEW		
Alpha-Proteinase Inhibitors	Drug	Feb. 1, 2018
UPDATED/REVISED		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Drug	Jan. 1, 2018
Bariatric Surgery	Medical	Feb. 1, 2018
Botulinum Toxins A and B	Drug	Jan. 1, 2018
Cardiovascular Disease Risk Tests	Medical	Jan. 1, 2018
Clotting Factors and Coagulant Blood Products	Drug	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
Deep Brain and Cortical Stimulation	Medical	Feb. 1, 2018
Electrical Stimulation and Electromagnetic Therapy for Wounds	Medical	Jan. 1, 2018
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	March 1, 2018
Enzyme Replacement Therapy	Drug	Jan. 1, 2018
Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood	Medical	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Jan. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	Jan. 1, 2018
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Medical	Feb. 1, 2018
Infertility Diagnosis and Treatment	Medical	Feb. 1, 2018
Intensity-Modulated Radiation Therapy	Medical	Jan. 1, 2018
Mechanical Stretching Devices	Medical	Feb. 1, 2018
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Drug	Jan. 1, 2018
Preventive Care Services	CDG	Jan. 1, 2018
Respiratory Interleukins (Cinqair®, Fasentra®, and Nucala®)	Drug	Jan. 1, 2018
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	Jan. 1, 2018
Soliris® (Eculizumab)	Drug	Jan. 1, 2018
Somatostatin Analogs	Drug	Feb. 1, 2018
Speech Language Pathology Services	CDG	Feb. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	Feb. 1, 2018
Surgical Treatment for Spine Pain	Medical	Feb. 1, 2018
Temporomandibular Joint Disorders	Medical	Feb. 1, 2018
Transcatheter Heart Valve Procedures	Medical	Feb. 1, 2018
Whole Exome and Whole Genome Sequencing	Medical	March 1, 2018
RETIRED		
Standing Systems and Gait Trainers	Medical	Jan. 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.

CONTINUED >



UnitedHealthcare Commercial Reimbursement Policies

Learn about policy changes and 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.

[Revision to the Procedure to Modifier Policy](#)

Beginning with claims submitted on or after May 1, 2018, UnitedHealthcare will require procedures performed on the eyelids, fingers or toes to include an anatomical modifier that identifies the area or part of the body on which the procedure is performed. >

[UnitedHealthcare Commercial Reimbursement Policies](#)

Revision to the Procedure to Modifier Policy

Beginning with claims submitted on or after May 1, 2018, care providers will be required to include an anatomical modifier that identifies the area or part of the body for procedures performed on the eyelids, fingers or toes. This coding edit is consistent with Centers for Medicare & Medicaid Services (CMS) correct coding guidance and will be addressed in UnitedHealthcare's Procedure to Modifier Policy. The corresponding anatomical modifier requirement will be applicable as additional procedure codes and/or modifiers are created.

Eyelid, finger and toe procedure codes reported without the modifier will be denied. Services will be denied and claims can be resubmitted with the appropriate modifier. Please refer to Chapter 9 of the [2018 UnitedHealthcare Care Provider Administrative Guide](#) for claim correction and resubmission information. A sampling of procedure codes and required modifiers is provided in the following table:

Procedure code	Procedure description	Modifier code	Modifier description
67850	Treat eyelid lesion	E2	Lower left, eyelid
26951	Amputation of finger/thumb	F1	Left hand, second digit
28510	Treatment of toe fracture	T8	Right foot, fourth digit



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



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

[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 [January 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Drug	Jan. 1, 2018
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Jan. 1, 2018
Apheresis	Medical	Jan. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Medical	Jan. 1, 2018
Brineura™ (Cerliponase Alfa)	Drug	Jan. 1, 2018
Cochlear Implants	Medical	Jan. 1, 2018
Cognitive Rehabilitation	Medical	Jan. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	Jan. 1, 2018
Cosmetic and Reconstructive Procedures	CDG	Jan. 1, 2018
Denied Drug Codes – Pharmacy Benefit Drugs	Drug	Jan. 1, 2018
Emergency Health Care Services and Urgent Care Center Services (Maryland Only)	CDG	Jan. 1, 2018
Exondys 51™ (Eteplirsen)	Drug	Jan. 1, 2018
Exondys 51™ (Eteplirsen) (for Pennsylvania Only)	Drug	Jan. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Medical	Jan. 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Medical	Jan. 1, 2018
Genetic Testing for Hereditary Cancer	Medical	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Jan. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	Jan. 1, 2018
Maximum Dosage	Drug	Jan. 1, 2018
Ocrevus™ (Ocrelizumab)	Drug	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Community Plan](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
Omnibus Codes	Medical	Jan. 1, 2018
Probuphine® (Buprenorphine)	Drug	Jan. 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	Jan. 1, 2018
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs	CDG	Jan. 1, 2018
Sodium Hyaluronate	Medical	Jan. 1, 2018
Spinal Ultrasonography	Medical	Jan. 1, 2018
Spinraza™ (Nusinersen)	Drug	Jan. 1, 2018
Spinraza™ (Nusinersen) (for Pennsylvania Only)	Drug	Jan. 1, 2018
Stelara® (Ustekinumab)	Drug	Jan. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	Feb. 1, 2018
Surgical Treatment for Spine Pain	Medical	Jan. 1, 2018
Total Artificial Heart	Medical	Jan. 1, 2018
Transcranial Magnetic Stimulation	Medical	Jan. 1, 2018
NEW		
Alpha₁-Proteinase Inhibitors	Drug	Feb. 1, 2018
Brineura™ (Cerliponase Alfa) (for Pennsylvania Only)	Drug	April 1, 2018
Ilaris® (Canakinumab)	Drug	Feb. 1, 2018
UPDATED/REVISED		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Drug	Jan. 1, 2018
Botulinum Toxins A and B	Drug	Jan. 1, 2018
Electrical Stimulation and Electromagnetic Therapy for Wounds	Medical	Jan. 1, 2018
Enzyme Replacement Therapy	Drug	March 1, 2018
Hospice Care (for Florida, Louisiana, Mississippi and Tennessee)	CDG	Feb. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	March 1, 2018
Intensity-Modulated Radiation Therapy	Medical	Jan. 1, 2018
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Drug	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Community Plan](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
Probuphine® (Buprenorphine)	Drug	Jan. 1, 2018
Repository Corticotropin Injection (H.P. Acthar Gel®) (for Pennsylvania Only)	Drug	Feb. 1, 2018
Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)	Drug	March 1, 2018
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	March 1, 2018
Soliris® (Eculizumab)	Drug	March 1, 2018
Somatostatin Analogs	Drug	March 1, 2018
RETIRED		
Standing Systems and Gait Trainers	Medical	Jan. 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 policy and guideline changes.

[Getting Ready for CAHPS Season](#)

From February through June 2018, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys will be sent to a random sample of health plan members. The survey results are used to learn more about opportunities to better serve patients and improve their health, quality of life and patient experience. >

[New Professional and Technical Component Policy](#)

UnitedHealthcare will publish a Professional and Technical Component Reimbursement Policy to apply to UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Medicare Plans on May 1, 2018 to better align with UnitedHealthcare Community Medicaid Plan and UnitedHealthcare commercial plans. >

[New Laboratory Services Policy](#)

UnitedHealthcare will publish a Laboratory Services Policy to apply to UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Medicare Plans on May 1, 2018 to better align with UnitedHealthcare Community Medicaid Plan and UnitedHealthcare commercial plans. >

[Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Florida, Georgia and Wisconsin](#)

Beginning March 1, 2018, participating care providers who are located in Florida and Georgia and administer outpatient injectable chemotherapy for a cancer diagnosis must submit notification before rendering services to UnitedHealthcare Medicare Advantage members. Beginning April 1, 2018, participating care providers in Wisconsin will have the same notification requirement for UnitedHealthcare Medicare Advantage members. >



[UnitedHealthcare Medicare Advantage Policy Guideline Updates](#)

[UnitedHealthcare Medicare Advantage Coverage Summary Updates](#)

[UnitedHealthcare Medicare Advantage](#)

Getting Ready for CAHPS Season

From February through June 2018, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys will be sent to a random sample of members enrolled in UnitedHealthcare Medicare Advantage plans. Participation is voluntary. The surveys are administered by vendors certified by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS).

Each year, the CAHPS survey collects feedback about patient experiences with their health plan and health care providers. This insight is used to learn more about opportunities to better serve patients and improve their health, quality of life and patient experience. CAHPS results are based on patient perception, which impacts satisfaction/dissatisfaction scores. Our goal is to help improve the interaction/experience members have with UnitedHealthcare and our network of care providers.

How can you affect CAHPS?

Your interaction with your patients plays a key role in affecting their experience and overall health. In the CAHPS survey, a patient's experience with their care provider impacts five measures (13 questions that count toward 62 percent of the CAHPS results). The CAHPS measures are:

- **Annual Flu Vaccine**
- **Getting Needed Care**
- **Getting Appointments and Care Quickly**
- **Care Coordination**
- **Rating of Health Care**

Specific questions included in these measures are available at UHCprovider.com/PATH.

We identified some best practices to help our members live healthier lives.

Best Practices (*Measures Impacted*):

- If your practice uses electronic medical record (EMR) technology, incorporate and build check points for patient visits to address preventive screenings and services. (**Getting Needed Care**)
- Maximize appointment availability in the office by using a nurse practitioner or physician assistant to schedule visits with patients or having recommendations ready for alternative care locations when care is needed right away (i.e. urgent care). (**Getting Care Quickly, Getting Needed Care**)
- Offer appointment times outside regular hours and/or create time slots for patients to walk in. (**Getting Care Quickly**)
- Help ensure open lines of communication between primary care provider offices and specialist offices that oversee care of your patients. (**Care Coordination**)
- Remember that both the patient's time and the care provider's time are valuable. (**Getting Care Quickly**)
- Use patient experience consultants to coach and educate office staff to incorporate improvements where needed. (**Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of Health Care**)

CONTINUED >

[UnitedHealthcare Medicare Advantage](#)

< CONTINUED

Getting Ready for CAHPS Season

- If your practice has the opportunity to follow up with patients with a survey, use patient feedback about their experience to implement changes and improvements. **(Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of Health Care)**
- Designate someone in the office to champion the importance of the patient experience. **(Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of Health Care)**
- Keep open lines of communication with patients by proactively sending them information on tests and preventive screenings they need for the upcoming year. Include provider information/location on where services may be obtained and include to a referral and/or a service requisition form that a patient may need to obtain services easily. *Ask your practice performance manager or network advocate for an easy-to-use template.* **(Getting Needed Care, Care Coordination)**

If you have a best practice that you would like to share, please send it to your practice performance manager or your network account advocate.

[UnitedHealthcare Medicare Advantage](#)

New Professional and Technical Component Policy

UnitedHealthcare will publish a Professional and Technical Component Reimbursement Policy to apply to UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Medicare Plans on May 1, 2018 to better align with UnitedHealthcare Community Medicaid Plan and UnitedHealthcare commercial plans.

Publication of this policy will align with current editing and include the addition of new edits to support duplicate logic when services are billed by multiple care providers. The policy will address correct coding for the CPT/HCPCS assigned a Professional Component Technical Component Indicator (PC/TC) on the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule (NPFS), to include appropriate modifier usage, appropriate reporting of CMS NPFS PC/TC indicators to determine whether a CPT or HCPCS procedure code is eligible to be reimbursed globally (including both PC and TC), or for separate PC and TC service. This is in accordance with the CMS Claims Processing Manual and the American Medical Association (AMA) Current Procedural Terminology Book.

The policy only applies to services reported using the CMS-1500 form, to include its successor form and electronic equivalent.

[UnitedHealthcare Medicare Advantage](#)

New Laboratory Services Policy

UnitedHealthcare will publish a Laboratory Services Policy to apply to UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Medicare Plans on May 1, 2018 to better align with UnitedHealthcare Community Medicaid Plan and UnitedHealthcare commercial plans.

Publication of this policy will provide further rationale that supports the current editing. The policy also will include new edits to address Centers for Medicare & Medicaid Services (CMS) panel logic and support duplicate logic when services are billed by multiple care providers.

The policy will use the CMS National Physician Fee Schedule (NPFSS) Professional Component/Technical Component (PC/TC) indicators 3 and 9 to identify laboratory services. It will support correct coding of all procedure to modifier combinations in accordance with coding guidance from the CMS Claims Processing Manual and the American Medical Association (AMA) Current Procedural Terminology (CPT) Book.



The CMS panel table is available on page 54 of the Medicare Claims Processing Manual; Chapter 16 – Laboratory Services at [cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf).

This announcement applies to UnitedHealthcare Medicare Advantage Plan reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500), to include its electronic equivalent or successor form.

[UnitedHealthcare Medicare Advantage](#)

Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Florida, Georgia and Wisconsin

Beginning March 1, 2018, participating care providers who are located in Florida and Georgia and administer outpatient injectable chemotherapy for a cancer diagnosis must submit notification before rendering services to UnitedHealthcare Medicare Advantage members, including AARP® MedicareComplete®, Care Improvement Plus®, UnitedHealthcare Dual Complete® and UnitedHealthcare® Group Medicare Advantage plans.

Beginning April 1, 2018, participating care providers in Wisconsin will have the same notification requirement for UnitedHealthcare Medicare members.

This is part of our effort to continually improve health care experiences and outcomes for our members. We have contracted with eviCore to provide a web-based application to review chemotherapy regimens.

Notification will be required for:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that haven't received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- All outpatient injectable chemotherapy drugs started after the notification effective date
- Adding a new injectable chemotherapy drug to a regimen

Notification will not be required for:

- Radio-therapeutic agents (e.g., Zevalin™ and Xofigo®)
- Oral chemotherapy drugs
- Growth factors including: J2505 (Neulasta™), J1442, (Neupogen®), J2820 Leukine® (sargramostim), Q5101, (Filgrastim–biosimilar Zarxio®), J1447 Granix® (tbofilgrastim)
- Use of chemotherapy drugs for non-cancer diagnosis

How to Submit Notification

To submit an online notification request for injectable chemotherapy, go to UHCprovider.com.

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com. Use your Optum ID and select the Prior Authorization and Notification app.
- If you don't have an Optum ID, click the New User button in the top right corner of UHCprovider.com.



Please complete all notifications online. If you have questions or need assistance with your online request, call **866-889-8054**, 7 a.m. to 7 p.m., Central Time, Monday through Friday.

[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 Dec. 13, 2017)
Antigens Prepared for Sublingual Administration (NCD 110.9)
Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility (NCD 70.2)
Cytotoxic Food Tests (NCD 110.13)
Digital Subtraction Angiography (NCD 220.9)
Electroencephalographic (EEG) Monitoring During Surgical Procedures Involving the Cerebral Vasculature (NCD 160.8)
Evoked Response Tests (NCD 160.10)
Food Allergy Testing and Treatment (NCD 110.11)
Hemorheograph (NCD 250.2)
Home Oxygen Use to Treat Cluster Headache (CH) (NCD 240.2.2)
Home Use of Oxygen (NCD 240.2)
Hospital and Skilled Nursing Facility Admission Diagnostic Procedures (NCD 70.5)
Induced Lesions of the Nerve Tract (NCD 160.1)
Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases (NCD 250.3)
Invasive Intracranial Pressure Monitoring (NCD 160.14)
Levocarnitine for Use in the Treatment of Carnitine Deficiency in ESRD Patients (NCD 230.19)
Microvolt T-Wave Alternans (MTWA) (NCD 20.30)
Neupogen® (Filgrastim)/Neulasta® (Pegfilgrastim)/Sargramostim (Tbo-Filgrastim)
Partial Ventriculectomy (NCD 20.26)
Physician's Office within an Institution: Coverage of Services and Supplies Incident to a Physician's Services (NCD 70.3)
Pronouncement of Death (NCD 70.4)

CONTINUED >

[UnitedHealthcare Medicare Advantage](#)

< CONTINUED

UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
Sensory Nerve Conduction Threshold Tests (sNCTs) (NCD 160.23)
Speech Generating Devices (NCD 50.1)
Stereotaxic Depth Electrode Implantation (NCD 160.5)
Telephone Transmission of EEGs (NCD 160.21)
Treatment of Decubitus Ulcers (NCD 270.4)
Water Purification and Softening Systems Used in Conjunction with Home Dialysis (NCD 230.7)

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 [January 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
TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES (Effective Jan. 1, 2018)
Cosmetic and Reconstructive Procedures
Orthopedic Procedures, Devices and Products
Preventive Health Services and Procedures
Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation)
Spine 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.



Doing Business Better

Learn about how we make improved health care decisions.



[Coverage Determinations for Health Care Decisions](#)

At UnitedHealthcare, coverage decisions on health care services are based on the member's specific benefit documents, applicable state and federal requirements and UnitedHealthcare policies. >

[Doing Business Better](#)

Coverage Determinations for Health Care Decisions

At UnitedHealthcare, coverage decisions for health care services are based on the member's specific benefit documents, applicable state and federal requirements, and UnitedHealthcare policies.

In general, coverage decisions are made as follows:

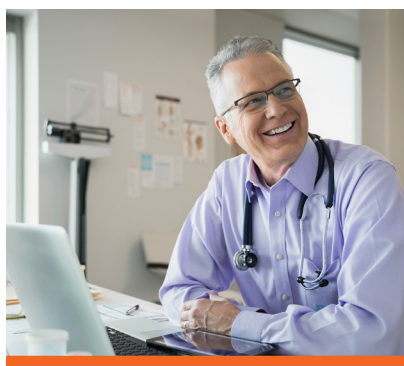
- For UnitedHealthcare commercial members, the appropriateness of care and services and the existence of coverage as defined within the contract our commercial member's employer has with UnitedHealthcare.
- For UnitedHealthcare Medicare Advantage members, coverage must be "reasonable and necessary" as defined by Medicare coverage regulations and guidelines.
- For UnitedHealthcare Community Plan members, the appropriateness of care and service and the existence of coverage as defined by the applicable state contract.

The staff of UnitedHealthcare, its delegates and the physicians making these coverage decisions are not compensated or otherwise rewarded for issuing non-coverage decisions. UnitedHealthcare and its delegates do not offer incentives to physicians or utilization management decision makers to encourage underutilization of care or services or to encourage barriers to care and service. Hiring, promoting or terminating practitioners or other individuals is not based on the likelihood or perceived likelihood that the individual will support or tend to support issuing denials of coverage.



UnitedHealthcare Affiliates

Learn about updates with our company partners.



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

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

[SignatureValue/ UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates >](#)



[UnitedHealthcare Affiliates](#)

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [January 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
TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Clinical	Jan. 1, 2018
Abnormal Uterine Bleeding and Uterine Fibroids	Clinical	Jan. 1, 2018
Advanced Practice Provider Evaluation and Management Procedures	Reimbursement	Jan. 1, 2018
Ambulance	Reimbursement	Jan. 1, 2018
Ambulance	Reimbursement	Jan. 22, 2018
Apheresis	Clinical	Jan. 1, 2018
Assistant Surgeon	Reimbursement	Jan. 1, 2018
Assistant Surgeon	Reimbursement	Jan. 22, 2018
Assisted Administration of Clotting Factors and Coagulant Blood Products	Clinical	Jan. 1, 2018
B Bundle Codes	Reimbursement	Jan. 1, 2018
Bilateral Procedures	Reimbursement	Jan. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Clinical	Jan. 1, 2018
Brineura™ (Cerliponase Alfa)	Clinical	Jan. 1, 2018
Clotting Factors and Coagulant Blood Products	Clinical	Jan. 1, 2018
Cochlear Implants	Clinical	Jan. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Clinical	Jan. 1, 2018
Cosmetic and Reconstructive Procedures	Clinical	Jan. 1, 2018
Co-Surgeon/Team Surgeon	Reimbursement	Jan. 1, 2018
Drug Coverage Guidelines	Clinical	Jan. 1, 2018
Drug Testing	Reimbursement	Jan. 1, 2018
Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency	Reimbursement	Jan. 1, 2018
Exondys 51™ (Eteplirsen)	Clinical	Jan. 1, 2018

CONTINUED >

UnitedHealthcare Affiliates

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Extracorporeal Shock Wave Therapy (ESWT)	Clinical	Jan. 1, 2018
From – To Date Policy	Reimbursement	Jan. 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Clinical	Jan. 1, 2018
Genetic Testing for Hereditary Cancer	Clinical	Jan. 1, 2018
Global Days	Reimbursement	Jan. 1, 2018
Global Days	Reimbursement	Jan. 22, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Clinical	Jan. 1, 2018
Immune Globulin (IVIG and SCIG)	Clinical	Jan. 1, 2018
Infertility Diagnosis and Treatment	Clinical	Jan. 1, 2018
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	Clinical	Jan. 1, 2018
Injection and Infusion Services	Reimbursement	Jan. 22, 2018
In-Office Laboratory Testing and Procedures List	Reimbursement	Jan. 1, 2018
Maximum Dosage	Clinical	Jan. 1, 2018
Maximum Frequency Per Day	Reimbursement	Jan. 1, 2018
Maximum Frequency Per Day	Reimbursement	Jan. 22, 2018
Mechanical Circulatory Support Device (MCSD)	Administrative	Jan. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Clinical	Jan. 1, 2018
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures	Reimbursement	Jan. 1, 2018
Multiple Procedures	Reimbursement	Jan. 1, 2018
Observation Care Evaluation and Management Codes	Reimbursement	Jan. 1, 2018
Ocrevus™ (Ocrelizumab)	Clinical	Jan. 1, 2018
Omnibus Codes	Clinical	Jan. 1, 2018
Outpatient Physical & Occupational Therapy for Self-Funded Groups	Clinical	Jan. 1, 2018
Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)	Clinical	Jan. 1, 2018
Oxford's Outpatient Imaging Self-Referral	Clinical	Jan. 1, 2018
Pediatric and Neonatal Critical and Intensive Care Services	Reimbursement	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction	Reimbursement	Jan. 1, 2018
Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy Including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members	Clinical	Jan. 1, 2018
Precertification Exemptions for Outpatient Services	Administrative	Jan. 1, 2018
Preventive Care Services	Clinical	Jan. 1, 2018
Procedure and Place of Service	Reimbursement	Jan. 22, 2018
Probuphine® (Buprenorphine)	Clinical	Jan. 1, 2018
Prolotherapy for Musculoskeletal Indications	Clinical	Jan. 1, 2018
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Clinical	Jan. 1, 2018
Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	Jan. 1, 2018
Radiopharmaceuticals and Contrast Media	Clinical	Jan. 1, 2018
Replacement Codes	Reimbursement	Jan. 22, 2018
Services and Modifiers Not Reimbursable to Healthcare Professionals	Reimbursement	Jan. 22, 2018
Sodium Hyaluronate	Clinical	Jan. 1, 2018
Spinraza™ (Nusinersen)	Clinical	Jan. 1, 2018
Stelara® (Ustekinumab)	Clinical	Jan. 1, 2018
Supply Policy	Reimbursement	Jan. 1, 2018
Supply Policy	Reimbursement	Jan. 22, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Clinical	Feb. 1, 2018
Surgical Treatment for Spine Pain	Clinical	Jan. 1, 2018
Telemedicine	Reimbursement	Jan. 1, 2018
Time Span Codes	Reimbursement	Jan. 22, 2018
Total Artificial Heart	Clinical	Jan. 1, 2018
Transcatheter Heart Valve Procedures	Clinical	Feb. 1, 2018
Transcranial Magnetic Stimulation	Clinical	Jan. 1, 2018
T Status Codes	Reimbursement	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
NEW		
Acupuncture	Reimbursement	Feb. 1, 2018
Alpha₁-Proteinase Inhibitors	Clinical	Feb. 1, 2018
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging	Reimbursement	April 1, 2018
UPDATED/REVISED		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Clinical	Jan. 1, 2018
Acquired Rare Disease Drug Therapy Exception Process	Administrative	Feb. 1, 2018
Assistant Surgeon	Reimbursement	Feb. 1, 2018
Assisted Administration of Clotting Factors and Coagulant Blood Products	Clinical	Jan. 1, 2018
B Bundle Codes	Reimbursement	Jan. 1, 2018
Balloon Sinus Ostial Dilation	Clinical	Feb. 1, 2018
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	Clinical	Feb. 1, 2018
Botulinum Toxins A and B	Clinical	Feb. 1, 2018
Breast Reduction Surgery	Clinical	Jan. 1, 2018
Cardiovascular Disease Risk Tests	Clinical	Jan. 1, 2018
Clinical Trials	Clinical	Jan. 1, 2018
Clotting Factors and Coagulant Blood Products	Clinical	Feb. 1, 2018
Coordination of Benefits	Administrative	Feb. 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Feb. 1, 2018
Drug Coverage Guidelines	Clinical	Feb. 1, 2018
Drug Testing	Reimbursement	March 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Clinical	Feb. 1, 2018
Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business	Clinical	Feb. 1, 2018
Experimental/Investigational Treatment	Administrative	Jan. 1, 2018
Experimental/Investigational Treatment for NJ Plans	Administrative	Feb. 1, 2018
Femoroacetabular Impingement Syndrome Treatment	Clinical	Jan. 1, 2018
From - To Date Policy	Reimbursement	Jan. 1, 2018
Global Days	Reimbursement	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Gynecomastia Treatment	Clinical	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Clinical	Feb. 1, 2018
Home Health Care	Clinical	Jan. 1, 2018
Immune Globulin (IVIG and SCIG)	Clinical	Feb. 1, 2018
Nonphysician Health Care Professionals Billing Evaluation and Management Codes	Reimbursement	Jan. 1, 2018
Occipital Neuralgia and Headache Treatment	Clinical	Feb. 1, 2018
Orthognathic (Jaw) Surgery	Clinical	Jan. 1, 2018
Panniculectomy and Body Contouring Procedures	Clinical	Jan. 1, 2018
Pectus Deformity Repair	Clinical	Jan. 1, 2018
Preventive Care Services	Clinical	Jan. 1, 2018
Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)	Clinical	Feb. 1, 2018
Rhinoplasty and Other Nasal Surgeries	Clinical	Jan. 1, 2018
Sandostatin LAR® Depot (Octreotide Acetate)	Clinical	Feb. 1, 2018
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Clinical	Feb. 1, 2018
Soliris® (Eculizumab)	Clinical	Feb. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Clinical	Feb. 1, 2018
Time Span Codes	Reimbursement	Jan. 1, 2018
Transcatheter Heart Valve Procedures	Clinical	Feb. 1, 2018
Transportation Services	Administrative	Feb. 1, 2018
RETIRED/REPLACED		
Standing Systems and Gait Trainers	Clinical	Jan. 1, 2018
Multiple Imaging Rules	Reimbursement	April 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.

[UnitedHealthcare Affiliates](#)

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 [January 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		
Complementary and Alternative Medicine	All (California, Oklahoma, Oregon, Texas, & Washington)	Feb. 1, 2018
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid	All	Jan. 1, 2018
Hearing Services	Oklahoma, Oregon, Texas, & Washington	Feb. 1, 2018
Medical Necessity	All	Jan. 1, 2018
Post Mastectomy Surgery	All	Feb. 1, 2018
Preventive Care Services	Oklahoma, Oregon, Texas, & Washington	Feb. 1, 2018
Rehabilitation Services (Physical, Occupational, and Speech Therapy)	All	Feb. 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 Affiliates](#)

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 [January 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
TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES	
Abnormal Uterine Bleeding and Uterine Fibroids	Jan. 1, 2018
Apheresis	Jan. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Jan. 1, 2018
Cochlear Implants	Jan. 1, 2018
Cognitive Rehabilitation	Jan. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Jan. 1, 2018
Cosmetic and Reconstructive Procedures	Jan. 1, 2018
Emergency Health Care Services and Urgent Care Center Services	Jan. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Jan. 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Jan. 1, 2018
Genetic Testing for Hereditary Cancer	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Jan. 1, 2018
Mechanical Circulatory Support Device (MCSD)	Jan. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Jan. 1, 2018
Omnibus Codes	Jan. 1, 2018
Preventive Care Services	Jan. 1, 2018
Prolotherapy for Musculoskeletal Indications	Jan. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

Policy Title	Effective Date
Sodium Hyaluronate	Jan. 1, 2018
Spinal Ultrasonography	Jan. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Feb. 1, 2018
Surgical Treatment for Spine Pain	Jan. 1, 2018
Total Artificial Heart	Jan. 1, 2018
Transcatheter Heart Valve Procedures	Feb. 1, 2018
Transcranial Magnetic Stimulation	Jan. 1, 2018
UPDATED/REVISED	
Bariatric Surgery	Feb. 1, 2018
Breast Reduction Surgery	Jan. 1, 2018
Cardiovascular Disease Risk Tests	Jan. 1, 2018
Clinical Trials	Jan. 1, 2018
Deep Brain and Cortical Stimulation	Feb. 1, 2018
Electrical Stimulation and Electromagnetic Therapy for Wounds	Jan. 1, 2018
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	March 1, 2018
Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood	Jan. 1, 2018
Gynecomastic Treatment	Jan. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Jan. 1, 2018
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Feb. 1, 2018
Intensity-Modulated Radiation Therapy	Jan. 1, 2018
Mechanical Stretching Devices	Feb. 1, 2018
Preventive Care Services	Jan. 1, 2018
Soliris® (Eculizumab)	Feb. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Feb. 1, 2018
Surgical Treatment for Spine Pain	Feb. 1, 2018
Temporomandibular Joint Disorders	Feb. 1, 2018
Transcatheter Heart Valve Procedures	Feb. 1, 2018
Whole Exome and Whole Genome Sequencing	March 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

Policy Title	Effective Date
RETIRED	
Standing Systems and Gait Trainers	Jan. 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.



[Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Florida, Georgia and Wisconsin](#)

Beginning March 1, 2018, participating care providers who are located in Florida and Georgia and administer outpatient injectable chemotherapy for a cancer diagnosis must submit notification before rendering services to UnitedHealthcare Medicare Advantage members. Beginning April 1, 2018, participating care providers who are located in Wisconsin and administer outpatient injectable chemotherapy for a cancer diagnosis must submit notification before rendering services to UnitedHealthcare Medicare Advantage members. >

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.

CPT® is a registered trademark of the American Medical Association

© 2018 United HealthCare Services, Inc.

Doc#: PCA-1-009326-01092018_01182018