

MARCH 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've made more enhancements to Link, your gateway to the online self-service tools for UnitedHealthcare. >

## [Enhancements to Claim Status EDI Transactions \(276/277\)](#)

On Jan. 1, 2018, UnitedHealthcare implemented several enhancements to Electronic Data Interchange (EDI) claim status transactions across all lines of business for commercial, Medicaid and Medicare. If you check the status of claims using your practice management system or hospital information system, you should see a significant increase in successful responses. >

## [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. >

## [Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members](#)

We're making some updates to our coverage review requirements for certain specialty medications for many of our UnitedHealthcare commercial and Community Plan members. We're implementing these requirements because it's important to us to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes and overall cost of care. >

## [Denosumab \(HCPCS code J0897\) Will Require Prior Authorization](#)

On June 1, 2018, we will begin requiring prior authorization for Denosumab (HCPCS code J0897: SC injection, denosumab, 1 mg) for members with a cancer diagnosis who are insured by UnitedHealthcare commercial plans, UnitedHealthcare Oxford and some UnitedHealthcare Community Plans. This change will affect UnitedHealthcare Community Plan in Florida, Arizona, Maryland, Washington, Tennessee, Michigan, Mississippi, Ohio, Wisconsin, New Jersey, Texas, New York and Pennsylvania. >

## [Revision to Laboratory Services Policy](#)

For dates of service on or after June 1, 2018, only reference laboratories that report laboratory services appended with modifier 90 will be eligible for reimbursement. Non-reference laboratory physicians or other health care professionals that report laboratory services with modifier 90 will no longer be reimbursed. >

## [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](http://UHCprovider.com/pharmacy). >

## [Concurrent Drug Utilization Review](#)

To help increase patient safety and prevent abuse and fraudulent activity, UnitedHealthcare Community Plan and UnitedHealthcare commercial plans are continuing to implement Concurrent Drug Utilization Review (cDUR) safety edits. >

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# Link Self-Service Updates and Enhancements

Link is the gateway to the online self-service tools for UnitedHealthcare. We're continuously making improvements to Link apps to better support your workflows. Here are some recent enhancements we've made:

- **claimsLink – Attachment size increased**

For claim reconsideration requests and pending claims, you can now upload files up to 36 MB in size. We're working to increase this limit again later in the year.

- **Single EOB Search is now an app on the Link dashboard**

[Sign in to Link](#) and open the UnitedHealthcare Online app. Go to Claims & Payments > Electronic Payments & Statements (EPS) and Single EOB, and then click on "Go to Single Explanation of Benefits (EOB)." This will open the app and add it to your Link dashboard.

- **OptumRx Prior Authorization Submission & Status Replaced by PreCheck MyScript**

OptumRx Prior Authorization Submission & Status has been removed from UnitedHealthcareOnline. You'll now use the PreCheck MyScript app on Link instead. You should already have access to PreCheck MyScript and can open the app on your Link dashboard. Then you can check prescription coverage or initiate a prior authorization request. If you need to add PreCheck MyScript to your dashboard, go to the Link Marketplace, search for PreCheck MyScript and then select Register Now. Visit [UHCprovider.com/PreCheckMyScript](https://UHCprovider.com/PreCheckMyScript) for additional benefits, training videos and more app information.

An Optum ID is required to access Link and perform online transactions, such as eligibility verification, claims status, claims reconsideration, referrals, prior authorizations and more. To get an Optum ID, go to [UHCprovider.com](https://UHCprovider.com) and click on [New User](#) to register for Link access.



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.

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# Enhancements to Claim Status EDI Transactions (276/277)

On Jan. 1, 2018, UnitedHealthcare implemented several enhancements to Electronic Data Interchange (EDI) claim status transactions across all lines of business for commercial, Medicaid and Medicare. If you check the status of claims using your practice management system or hospital information system, you should see a significant increase in successful responses.

Some examples of the additional search logic we implemented to help find you claim:

- Allows you to search by:
  - Claim number
  - Patient account number
- Allows us to identify:
  - NPI of the billing and rendering provider
  - Member IDs that may have been submitted with spaces
  - Newborn claims

If your claim status responses are not showing these enhancements, please contact your software vendor or clearinghouse. We encourage you to share this communication with them as they may need to activate the 276/277 claim status EDI transaction in their system or yours.

If you have questions, please contact UnitedHealthcare EDI Support:

UnitedHealthcare commercial UnitedHealthcare Medicare Solutions	<a href="#">EDI issue reporting form</a> or <a href="mailto:supportedi@uhc.com">supportedi@uhc.com</a> or 800-842-1109
UnitedHealthcare Community Plan	<a href="#">EDI issue reporting form</a> or <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a> or 800-210-8315

## 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](http://uhcresearch.az1.qualtrics.com/jfe/form/SV_08sAsRnUY2Kb153). Thank you for your time.

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# Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

We're making some updates to our coverage review requirements for certain specialty medications for many of our UnitedHealthcare commercial and Community Plan members. We're implementing these requirements because it's important to us to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes and overall cost of care. These requirements will apply whether members are new to therapy or have already been receiving these medications.

If you administer any of these medications without first completing the notification/prior authorization process, the claim may be denied. Members can't be billed for services denied due to failure to complete the notification/prior authorization process.

## **New Procedure Codes for Injectable Medications – Effective April 1, 2018**

New procedure codes will become effective April 1, 2018 due to updates from the Centers for Medicare & Medicaid Services (CMS). Correct coding rules dictate that assigned and permanent codes should be used when available. The following injectable medications that may be subject to prior authorization and/or Administrative Guide Protocols will have new codes:

Inflectra – Q5103

Renflexis – Q5104

Yescarta (axicabtagene ciloleucel) – Q2041

## **What's Changing for UnitedHealthcare Commercial Plans**

The following requirements will apply to UnitedHealthcare commercial plans, including affiliate plans such as UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare of the River Valley, UnitedHealthcare Oxford and Neighborhood Health Partnership:

For dates of service on or after July 1, 2018, we'll require notification/prior authorization for the following medication:

- **Sublocade™ (buprenorphine extended-release injection)** – The U.S. Food and Drug Administration (FDA) recently approved Sublocade as a treatment for moderate-to-severe opioid use disorder (OUD) in adult patients who have initiated treatment with a transmucosal (absorbed through mucus membrane) buprenorphine-containing product.

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# Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

For dates of service before July 1, 2018, we 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. If you request a pre-service coverage review, you must wait for our determination before rendering the service.

### Clinical Coverage Reviews

Clinical coverage reviews will be conducted as part of our prior authorization process. If the member's benefit plan requires that services be medically necessary to be covered, the reviews will evaluate whether the drug is appropriate for the individual member, taking into account:

- Our drug coverage policy; and
- Dosage recommendation from the FDA-approved labeling

Additional criteria may be considered. We encourage you to submit all applicable information you want reviewed as part of your prior authorization 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 with appeal information.

### Submitting Notification/Prior Authorization Requests

To submit notification/prior authorization requests for these medications, please use one of the following methods:

- **Go to [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth)**
- **Call the Provider Services phone number** on the back of the member's health care identification card.
- **Send your request by fax:** Complete a prior authorization form and fax it to **866-756-9733**. Go to [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > [Clinical Pharmacy and Specialty Drugs](#) > [Forms and Additional Resources](#).

For UnitedHealthcare commercial plans, access forms at [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth). Some states require the notification/prior authorization to be submitted on a designated request form.

### When Making Referrals

If you're referring a member to other care providers for these medications, we encourage you to refer to in-network care providers. If a non-participating care provider prescribes treatment, members may pay higher out-of-pocket costs. Members who don't have out-of-network benefits may be responsible for the entire cost of services obtained from non-participating care providers.

For more information about the UnitedHealthcare commercial notification /prior authorization requirements for specialty medications, please refer to the Physician Health Care Professional, Facility and Ancillary Provider Administrative Guide at [UHCprovider.com](https://UHCprovider.com) > Menu > [Administrative Guides](#).

### What's Changing for UnitedHealthcare Community Plan

**Sublocade (buprenorphine extended-release injection)** has been added to the Review at Launch Drug List for UnitedHealthcare Community Plan. The Review at Launch Drug List can be accessed through the Review at Launch for New to Market Medications Medical Benefit Drug Policy.

In addition, there are changes to our prior authorization requirements for some specialty medications in Washington and Iowa.

As of Jan. 1, 2018, Spinraza (nusinersen), Radicava (edaravone) and Brineura (cerliponase alfa) are not covered/reimbursed by UnitedHealthcare Community Plan in Washington. The Washington State Health Care Authority will be covering/reimbursing these medications. You may contact the agency at 800-562-3022.

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# Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

UnitedHealthcare Community Plan in Iowa will begin covering Exondys 51 (eteplirsen) and Spinraza (nusinersen) with prior authorization. If you administer either of these medications without first completing the prior authorization process, the claim may be denied. Members can't be billed for services denied due to failure to complete the prior authorization process. This requirement applies to members who are currently on therapy and those who are new to therapy.



The UnitedHealthcare Community Plan medical benefit drug policies are available at [UHCprovider.com/en/policies-protocols.html](https://UHCprovider.com/en/policies-protocols.html).

## Denosumab (HCPCS code J0897) Requires Prior Authorization

On June 1, 2018, we will begin requiring prior authorization for Denosumab (HCPCS code J0897: SC injection, denosumab, 1 mg) for members with a cancer diagnosis who are insured by UnitedHealthcare commercial plans, UnitedHealthcare Oxford and some UnitedHealthcare Community Plans. This change will affect UnitedHealthcare Community Plan in Arizona, Florida, Maryland, Michigan, Mississippi, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Washington and Wisconsin.

Requests for denosumab (Brand name Xgeva) will be reviewed by clinical staff using the clinical criteria outlined in our Denosumab Medical Benefit Drug Policy. This policy will be available on our physician portal in April for your review. Additional details about the prior authorization process will be available in future Network Bulletin articles.



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## Revision to Laboratory Services Policy

The Laboratory Services Policy describes reimbursement rules for duplicate laboratory services by the same or multiple physicians or other health care professionals. The current policy allows for either the referring physician/other health care professional or the reference laboratory to report laboratory services.

For dates of service on or after June 1, 2018, only reference laboratories reporting laboratory services appended with modifier 90 will be eligible for reimbursement. Non-reference laboratory physicians or other health care professionals that report laboratory services with modifier 90 will no longer be reimbursed. This policy enhancement will align with Centers for Medicare & Medicaid Services (CMS) guidelines that only allow reimbursement of laboratory services to the reference laboratory for referred laboratory services.

Reference laboratories may refer to another laboratory and will continue to be reimbursed when the reported laboratory services are appended with modifier 90. Physicians or other health care professionals who own lab equipment and perform laboratory testing will continue to be reimbursed, as modifier 90 would not be appended to the procedure code for the laboratory service. To help ensure appropriate claims adjudication, please confirm that your care provider information in the Network Data Base is accurate.

Any provider reporting laboratory services must follow CLIA certification requirements. Lab certification must support the lab code reported. Please refer to the [Clinical Laboratory Improvement Amendment \(CLIA\) policy](#) for claim submission guidelines.

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.

### 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](https://UHCprovider.com/pharmacy).

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## Concurrent Drug Utilization Review

To help increase patient safety and prevent abuse and fraudulent activity, UnitedHealthcare Community Plan and UnitedHealthcare commercial plans are continuing to implement Concurrent Drug Utilization Review (cDUR) safety edits.

At the Point of Sale (POS), the pharmacist will be alerted of a drug-drug interaction or therapeutic duplication. The pharmacist will then look at the member's profile and contact the prescriber or member to determine if the member should receive both prescriptions. If the pharmacist determines the prescription should be processed, they can override the alert by entering the appropriate reason codes. Pharmacies will receive a fax explaining these safety edits and what action needs to be taken to override them.

The following safety edits will be implemented in the first quarter of 2018:

**1. Therapeutic Duplication:**

This safety edit in the pharmacy system looks at the member's current medications and identifies potential duplications to prevent members from taking more than one drug in the same drug class.

**2. Drug-Drug Interaction:**

Checks the member's current medications and identifies potential instances where a member could be taking two drugs with an identified drug-interaction flag in Medispan. A drug-drug interaction occurs when two medications taken together could cause an adverse event or affect the intended treatment of one of the medications.

The following drug classes and cDUR edits will be added to the program:

cDUR Edit	Drug Class	Health Plan	In Scope States
Therapeutic Duplication	Basal Insulin	UnitedHealthcare Community Plan	AZ, CA, FL, HI, KS, LA, MD, MI, MS, NE, NV, NJ, NM, NY, OH, PA, RI, TX, VA, and WA**
Therapeutic Duplication	Sleep Aides	UnitedHealthcare Community Plan	AZ, CA, FL, HI, KS, LA, MS, NE, NV, NJ, NM, NY, OH, PA, RI, TX, VA, and WA**
Drug Interaction	Opioid and Benzodiazepines*	UnitedHealthcare Community Plan	AZ, CA, FL, HI, KS, LA, MS, NE, NV, NJ, NM, NY, OH, PA, RI, TX, VA, and WA**
Drug Interaction	Opioid and Benzodiazepines*	UnitedHealthcare commercial plans	ALL

\*In August 2016, the FDA issued a Black Box Warning "Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death."

\*\*Washington will go-live on April 1, 2018.



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

## [2018 Opioid Management Program Enhancements for UnitedHealthcare](#)

In our continuing efforts to address the opioid crisis, we'll implement new programs in early 2018 that are designed to help care providers and members utilize opioids more safely and appropriately. These enhancements will complement our existing opioid strategies for UnitedHealthcare commercial, which include utilization management programs for long-acting opioids, cumulative morphine equivalent dose (MED) limits and Drug Utilization Review point-of-sale alerts. >



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

## [Update to Notification/Prior Authorization Requirements – Effective April 1, 2018](#)

Effective for dates of service on or after April 1, 2018, notification/prior authorization will no longer be required for the dermatology procedure Excision – Malignant Lesion (CPT® Code 11606) UnitedHealthcare Commercial plans, except for some of our affiliate plans. UnitedHealthcare Oxford will continue to require notification/prior authorization for these procedures. >

[UnitedHealthcare Commercial](#)

# 2018 Opioid Management Program Enhancements for UnitedHealthcare

In our continuing efforts to address the opioid crisis, we'll implement new programs in early 2018 that are designed to help care providers and members utilize opioids more safely and appropriately.

These enhancements will complement our existing opioid strategies for UnitedHealthcare commercial, which include utilization management programs for long-acting opioids, cumulative morphine equivalent dose (MED) limits and Drug Utilization Review point-of-sale alerts.

**Our Q1 2018 enhancements include:**

- Effective March 1, 2018, for members new to opioids: short-acting opioid prescription limits of <50 mg morphine equivalent dose for no more than a 7-day supply. This change was previously announced in the [February 2018 edition of the Network Bulletin](#).
- Claims system enhancements to decrease early refills of controlled medications, effective starting Feb. 15, 2018.
- Point-of-sale alerts for dangerous drug-drug interactions with opioids and benzodiazepines, and alerts for use of opioids in pregnancy became effective on Feb. 1, 2018.
- Beginning Feb. 15, 2018, an enhanced prescriber edit was implemented to verify the DEA license is active and appropriate for the specific drug being prescribed.

These changes apply to UnitedHealthcare commercial, Oxford, Sierra, River Valley, Neighborhood Health Plan and Student Resources. Effective dates for other commercial plans may vary.



For more information about opioids, visit [UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > \*\*Opioid Programs and Resources\*\*](#).

[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 [February 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
<b>NEW</b>		
<a href="#">Luxturna™ (Voretigene Neparvovec-Rzyl)</a>	Drug	Jan. 19, 2018
<b>UPDATED/REVISED</b>		
<a href="#">Balloon Sinus Ostial Dilation</a>	Medical	April 1, 2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Medical	March 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Medical	Feb. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Medical	Feb. 1, 2018
<a href="#">Functional Endoscopic Sinus Surgery (FESS)</a>	Medical	April 1, 2018
<a href="#">Glaucoma Surgical Treatments</a>	Medical	March 1, 2018
<a href="#">Home Hemodialysis</a>	Medical	Feb. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Medical	Feb. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Medical	April 1, 2018
<a href="#">Office Based Program</a>	URG	April 1, 2018
<a href="#">Outpatient Cardiac Telemetry</a>	Medical	March 1, 2018
<a href="#">Sodium Hyaluronate</a>	Medical	March 1, 2018

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

Policy Title	Policy Type	Effective Date
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Medical	March 1, 2018
<a href="#">Transcranial Magnetic Stimulation</a>	Medical	March 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Medical	March 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.

### Update to Notification/Prior Authorization Requirements – Effective April 1, 2018

As we continue to evaluate notification/prior authorization requirements, we’re making changes. For dates of service on or after April 1, 2018, notification/prior authorization will no longer be required for the dermatology procedure Excision – Malignant Lesion (CPT® Code 11606) for UnitedHealthcare commercial plans, except for some of our affiliate plans.

CPT® Code	Procedure
11606	Excision – Malignant Lesion

UnitedHealthcare Oxford will continue to require notification/prior authorization for these procedures.



For more details about notification/prior authorization requirements, please go to [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth).



# 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](http://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.

## [Multiple Procedure Payment Reduction for Diagnostic Cardiovascular Procedures – Policy Revised to Include Global Test Only Codes](#)

For UnitedHealthcare commercial plan claims with a date of service on or after June 1, 2016, UnitedHealthcare implemented the Centers for Medicare & Medicaid Services (CMS) Multiple Procedure Payment Reduction (MPPR) of 25 percent to the technical component (TC) of TC-only services and to the TC portion of global services reported for diagnostic cardiovascular procedures. >

## [Revision to the Ambulance Policy](#)

Effective for claims on or after July 9, 2017, the Ambulance Policy for UnitedHealthcare commercial plans was revised to allow reimbursement of Advanced Life Support, Level 2 transport (ALS2) HCPCS code A0433, when reported without additional procedure codes. >

[UnitedHealthcare Commercial Reimbursement Policies](#)

# Multiple Procedure Payment Reduction for Diagnostic Cardiovascular Procedures – Policy Revised to Include Global Test Only Codes

For UnitedHealthcare commercial plan claims with a date of service on or after June 1, 2016, UnitedHealthcare implemented the Centers for Medicare & Medicaid Services (CMS) Multiple Procedure Payment Reduction (MPPR) of 25 percent to the technical component (TC) of TC-only services and to the TC portion of global services reported for diagnostic cardiovascular procedures.

The 25 percent reduction is applied to the allowable amount of secondary and subsequent TC RVUs when multiple services are provided to the same patient, on the same day and by the same physician or multiple physicians in the same group practice and reporting under the same federal tax identification number.



This is consistent with how CMS applies these reductions according to CMS Transmittal 1149, dated Nov. 6, 2012.

The concepts for this policy are explained in the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures Policy posted on [UHCprovider.com > Policies and Protocols > Commercial Policies > \*\*Reimbursement Policies for UnitedHealthcare Commercial Plans\*\*](#).

Initial implementation required use of the component codes to calculate the reduction of the technical component of Global Test Only codes. The associated professional and technical codes (shown in the grid below) were utilized to enable ranking and reduction calculation, whether the Global Test Only code was reported as a single service or with other cardiovascular procedures for the same dates of service, on the same or different claims, by the same group physician and/or other health care professional.

Global Test Only Codes	#1 TC Codes	#2 TC Codes	#1 PC Codes	#2 PC Codes
93000	93005	N/A	93010	N/A
93015	93017	N/A	93016	93018
93040	93041	N/A	93042	N/A
93224	93225	93226	93227	N/A
93268	93270	93271	93272	N/A
93784	93786	93788	93790	N/A

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### **Multiple Procedure Payment Reduction for Diagnostic Cardiovascular Procedures – Policy Revised to Include Global Test Only Codes**

In the [October 2016 Network Bulletin](#), we announced that UnitedHealthcare would exclude the Global Test Only from applying the MPPR as of Aug. 28, 2016.

Effective with dates of service on or after June 1, 2018, Global Test Only codes 93000, 93015, 93040, 93224, 93268 and 93784 will be subject to the MPPR cardiovascular reductions, with new logic applied:

- When a single Global Test Only code is reported, this code will not be split into the PC and TC codes. The claim will be processed using the code reported by the care provider.
- When multiple cardiovascular services are reported on a single claim or multiple claims, by the same group physician and/or other health care professional, UnitedHealthcare will split the reported billed charges on the current claim to the associated PC and TC codes for the Global Test Only codes.
- The TC RVU will be used to rank cardiovascular codes. Once ranking is applied, if the TC RVU of the Global Test Only code in history has a lower TC RVU than the code on the current claim, the code in history will be adjusted to apply the multiple cardiovascular reduction.

This announcement pertains to commercial reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.

[UnitedHealthcare Commercial Reimbursement Policies](#)

## Revision to the Ambulance Policy

Effective for claims on or after July 9, 2017, the Ambulance Policy for UnitedHealthcare commercial plans was revised to allow reimbursement of Advanced Life Support, Level 2 transport (ALS2) HCPCS code A0433, when reported without additional procedure codes. This change removed the requirement implemented in the fourth quarter of 2016, which required reporting the procedure codes representing the Centers for Medicare & Medicaid Services (CMS) ALS2 criteria 1 and criteria 2 services to provide the documentation necessary to reimburse the ALS2 transport.

When reporting an ALS2 transport, the ambulance record must contain documentation that services described as criteria 1 and/or 2 were provided. When the services meeting criteria 1 and/or 2 for ALS2 are not provided, the ambulance transport should be reported with a more appropriate ambulance transport code. According to CMS, Advanced Life Support, Level 2 is transportation by ground ambulance and the provision of medically necessary supplies and services, which must include:

- Criteria 1 Services – At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or
- Criteria 2 Services – The provision of at least one of these ALS2 procedures:
  - Manual defibrillation/cardioversion
  - Endotracheal intubation
  - Central venous line
  - Cardiac pacing
  - Chest decompression
  - Surgical airway
  - Intraosseous line



The revised Ambulance Policy reflecting this change is accessible at [UHCprovider.com](#) > Menu > Commercial Policies > Reimbursement Policies for UnitedHealthcare Commercial Plans > Ambulance Reimbursement Policy for Commercial Plans



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



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[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 [February 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
<b>NEW</b>		
<a href="#">Brineura™ (Cerliponase Alfa) (for Pennsylvania Only)</a>	Drug	April 1, 2018
<a href="#">Lumturna™ (Voretigene Neparvovec-Rzyl)</a>	Drug	May 1, 2018
<b>UPDATED/REVISED</b>		
<a href="#">Denied Drug Codes – Pharmacy Benefit Drugs</a>	Drug	Feb. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Drug	March 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Drug	March 1, 2018
<a href="#">Probuphine® (Buprenorphine) (for Pennsylvania Only)</a>	Drug	April 1, 2018
<a href="#">Respiratory Interleukins (Cinqair®, Fasentra®, and Nucala®)</a>	Drug	March 1, 2018
<a href="#">Simponi Aria® (Golimumab) Injection for Intravenous Infusion</a>	Drug	March 1, 2018
<a href="#">Soliris® (Eculizumab)</a>	Drug	March 1, 2018
<a href="#">Somatostatin Analogs</a>	Drug	March 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.

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

Starting March 1, 2018, we will require care providers to submit a notification for injectable chemotherapy for members located in Florida and Georgia – including intravenous, intravesical and intrathecal – when it is administered in an outpatient setting for UnitedHealthcare Medicare Advantage members with a cancer diagnosis. Starting April 1, 2018, this notification requirement will also apply to UnitedHealthcare Medicare Advantage plans in Wisconsin. >

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

## [New Procedure and Place of Service Policy](#)

UnitedHealthcare will publish a new Procedure and Place of Service Policy on June 1, 2018 for UnitedHealthCare Medicare Advantage and Community Plan Medicare plans to better align with UnitedHealthcare commercial and UnitedHealthcare Community Plan Medicaid lines of business. >



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

[UnitedHealthcare Medicare Advantage](#)

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

Starting March 1, 2018, we'll require care providers to submit a notification for injectable chemotherapy for members located in Florida and Georgia to include intravenous, intravesical and intrathecal when it is administered in an outpatient setting for UnitedHealthcare Medicare Advantage members with a cancer diagnosis.

Notification will apply to members in the following Florida and Georgia UnitedHealthcare Medicare Advantage plans:

- AARP® MedicareComplete®
- Care Improvement Plus®
- UnitedHealthcare Dual Complete®
- UnitedHealthcare® Group Medicare Advantage retiree plans

Starting April 1, 2018, this notification requirement will also apply to the same UnitedHealthcare Medicare Advantage plans listed above in Wisconsin. This is part of our effort to continually improve health care experiences and outcomes for our members. We've 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, which are covered under a member's pharmacy benefit plan
- 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](http://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
<b>NEW (Approved on Jan. 10, 2018)</b>
<a href="#">Cytogenic Studies (NCD 190.3)</a>
<b>UPDATED/REVISED (Approved on Jan. 10, 2018)</b>
<a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a>
<a href="#">Breast Reconstruction Following Mastectomy (NCD 140.2)</a>
<a href="#">Collagen Meniscus Implant (NCD 150.12)</a>
<a href="#">Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.40) and Other Respiratory Assist Devices (RAD)</a>
<a href="#">CORUS® CAD (Coronary Artery Disease)</a>
<a href="#">Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)</a>
<a href="#">Heartsbreath Test for Heart Transplant Rejection (NCD 260.10)</a>
<a href="#">Heat Treatment, Including the Use of Diathermy and Ultrasound for Pulmonary Conditions (NCD 240.3)</a>
<a href="#">Home Health Visits to a Blind Diabetic (NCD 290.1)</a>
<a href="#">Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)</a>
<a href="#">Incontinence Control Devices (NCD 230.10)</a>
<a href="#">Insertion of Posterior Spinous Process Device</a>
<a href="#">Knee Orthoses</a>
<a href="#">Low Frequency, Non-Contact, Non-Thermal Ultrasound</a>
<a href="#">Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)</a>
<a href="#">Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (NCD 210.14)</a>
<a href="#">Medical Nutrition Therapy (NCD 180.1)</a>
<a href="#">Mobility Devices (Non-Ambulatory) and Accessories</a>

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## [UnitedHealthcare Medicare Advantage](#)

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## UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
<a href="#">Obsolete or Unreliable Diagnostic Tests (NCD 300.1)</a>
<a href="#">Outpatient Intravenous Insulin Treatment (NCD 40.7)</a>
<a href="#">Pharmacogenomic Testing for Warfarin Response (NCD 90.1)</a>
<a href="#">Postural Drainage Procedures and Pulmonary Exercises (NCD 240.7)</a>
<a href="#">Sacral Nerve Stimulation for Urinary Incontinence (NCD 230.18)</a>
<a href="#">Sweat Test (NCD 190.5)</a>
<a href="#">Thermal Intradiscal Procedures (TIPs) (NCD 150.11)</a>
<a href="#">Treatment of Actinic Keratosis (NCD 250.4)</a>
<a href="#">Uroflowmetric Evaluations (NCD 230.2)</a>

**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.

### New Procedure and Place of Service Policy

UnitedHealthcare will publish a new Procedure and Place of Service (POS) Policy on June 1, 2018 for UnitedHealthCare Medicare Advantage and Community Plan Medicare plans to better align with UnitedHealthcare commercial and UnitedHealthcare Community Plan Medicaid lines of business. Publication of this policy will further explain current editing for codes that are reported by a physician or other health care professional in a POS considered inappropriate based on CPT and Centers for Medicare & Medicaid Services (CMS) correct coding guidelines. In addition, for claims reported with a date of service on or after June 1, 2018 UnitedHealthCare will implement a new edit to deny codes assigned a Non-Facility Indicator "NA" according CMS National Physician Fee Schedule in a POS 11 (office).



For more information, please visit [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html).



[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 [February 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
<b>TAKE NOTE</b>
<a href="#">Policies Updated to Reflect New Medicare Administrative Contractor (MAC) for Alabama, Georgia, and Tennessee</a>
<b>UPDATED/REVISED (Approved on Jan. 16, 2018)</b>
<a href="#">Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation</a>
<a href="#">Allergy Testing and Allergy Immunotherapy</a>
<a href="#">Cardiovascular Diagnostic Procedures</a>
<a href="#">Chelation Therapy</a>
<a href="#">Diabetes Management, Equipment and Supplies</a>
<a href="#">Dialysis Services</a>
<a href="#">Evaluation and Management Services</a>
<a href="#">Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments</a>
<a href="#">Infusion Pump Therapy</a>
<a href="#">Laser Procedures</a>
<a href="#">Medications/Drugs (Outpatient/Part B)</a>
<a href="#">Neurologic Services and Procedures</a>

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# Doing Business Better

Learn about how we make improved health care decisions.



## [Closing Diabetic Gaps in Care](#)

Regular screening of diabetic patients is key to determining disease status, and we have two options for your patients who are UnitedHealthcare Plan members to get screened at home for hemoglobin A1c and microalbumin: the Lab-in-a-Box (LIAB) and Lab-in-an-Envelope (LIAE) tests. >

## [Doing Business Better](#)

# Closing Diabetic Gaps in Care

Regular screening of diabetic patients is key to determining disease status.

We have two options for your patients who are UnitedHealthcare members to get screened at home for hemoglobin A1c and microalbumin:

- Option (1) – The Lab-in-a-Box (LIAB). The LIAB provides the microalbumin urine screening kit processed through Laboratory Corporation of America (LabCorp).
- Option (2) – Lab-in-an-Envelope (LIAE) tests. The LIAE provides an easy kit for collecting a sample for testing hemoglobin A1c and is processed through LabCorp.

Our Clinical Quality Program team has a list of members who are eligible to have this type of testing and have no record of being tested in 2016 and/or 2017. These members will have no copay for this testing as it will be covered. UnitedHealthcare will be mailing these kits directly to members to encourage them to be tested. While these kits will not be made available to your practice, the test results will be available on the LabCorp provider portal at – [labcorp.com](http://labcorp.com). A result report will be sent to care providers by mail for these members.

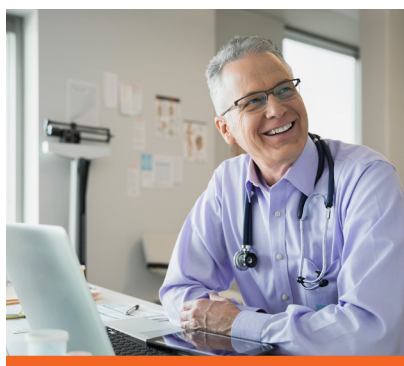
### **Member Criteria – Closing Diabetic Gaps in Care**

- Must be in a contract/PBP with a \$0 copay for this test
- Must have a PCP
- Must be a diabetic and must be a part of the Diabetic HEDIS denominator
- No test at all in 2017
- No test at all in 2016 and 2017
- Result of 9.1 or greater and no test within 6 months (A1c Only)



# 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<sup>®</sup> Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [February 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
<b>NEW</b>		
<a href="#">Luxturna™ (Voretigene Neparvovec-Rzyl)</a>	Clinical	Jan. 19, 2018
<a href="#">Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</a>	Reimbursement	April 1, 2018
<b>UPDATED/REVISED</b>		
<a href="#">Bariatric Surgery</a>	Clinical	March 1, 2018
<a href="#">Deep Brain and Cortical Stimulation</a>	Clinical	March 1, 2018
<a href="#">Drug Coverage Criteria - New and Therapeutic Equivalent Medications</a>	Clinical	Feb. 1, 2018
<a href="#">Drug Coverage Criteria - New and Therapeutic Equivalent Medications</a>	Clinical	March 1, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	Jan. 19, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	Feb. 1, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	March 1, 2018
<a href="#">Drug Testing</a>	Reimbursement	March 1, 2018
<a href="#">Electrical Stimulation and Electromagnetic Therapy for Wounds</a>	Clinical	Feb. 1, 2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Clinical	March 1, 2018
<a href="#">Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood</a>	Clinical	Feb. 1, 2018
<a href="#">Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors</a>	Clinical	March 1, 2018
<a href="#">Infertility Diagnosis and Treatment</a>	Clinical	March 1, 2018
<a href="#">Luxturna™ (Voretigene Neparvovec-Rzyl)</a>	Clinical	May 1, 2018
<a href="#">Mechanical Circulatory Support Device (MCSD)</a>	Administrative	Feb. 1, 2018
<a href="#">Mechanical Stretching Devices</a>	Clinical	March 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Clinical	Feb. 1, 2018
<a href="#">Multiple Procedures</a>	Reimbursement	Jan. 22, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<a href="#">Office Based Program</a>	Clinical	April 1, 2018
<a href="#">Precertification Exemptions for Outpatient Services</a>	Administrative	March 1, 2018
<a href="#">Supply Policy</a>	Reimbursement	Feb. 12, 2018
<a href="#">Surgical Treatment for Spine Pain</a>	Clinical	March 1, 2018
<a href="#">Temporomandibular Joint Disorders</a>	Clinical	March 1, 2018
<a href="#">Urgent Care</a>	Reimbursement	Feb. 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Clinical	March 1, 2018
<b>REPLACED</b>		
<a href="#">Multiple Imaging Rules</a>	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 [February 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	Effective Date
UPDATED/REVISED	
<a href="#">Court, Attorney, or Agency Requested Services</a>	Feb. 1, 2018
<a href="#">Diabetic Management, Services and Supplies</a>	March 1, 2018
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies</a>	March 1, 2018
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>	Feb. 1, 2018
<a href="#">Services While Confined/Incarcerated</a>	March 1, 2018

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[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 [February 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
<b>UPDATED/REVISED</b>	
<a href="#">Balloon Sinus Ostial Dilation</a>	April 1, 2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	March 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Feb. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Feb. 1, 2018
<a href="#">Functional Endoscopic Sinus Surgery (FESS)</a>	April 1, 2018
<a href="#">Glaucoma Surgical Treatments</a>	March 1, 2018
<a href="#">Home Hemodialysis</a>	Feb. 1, 2018
<a href="#">Mechanical Circulatory Support Device (MCSD)</a>	Feb. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Feb. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	April 1, 2018
<a href="#">Outpatient Cardiac Telemetry</a>	March 1, 2018
<a href="#">Sodium Hyaluronate</a>	March 1, 2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	March 1, 2018
<a href="#">Transcranial Magnetic Stimulation</a>	March 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	March 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.



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Doc#: PCA-1-009632-02082018\_02162018

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