

AUGUST 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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[New Smart Edits Deploying on Aug. 16 and Sept. 10](#)

In the April and May Network Bulletins, we introduced you to UnitedHealthcare's Smart Edits. On Aug. 16, 2018, Smart Edits will go live for professional claims for all UnitedHealthcare commercial, Medicare Advantage and Community Plans that submit to Payer ID 87726. On Sept. 10, 2018, UnitedHealthcare will further expand the number of live edits. >

[Free CEU/CME Educational Credits Now Available on UHC On Air](#)

We offer a CEU/CME channel on UHC On Air to help support you with continuing education unit (CEU) or continued medical education (CME) credits – at no cost to you. At the end of each CEU/CME program, you'll need to answer a series of questions and pass with 80 percent to earn the educational credit certificate. >

[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. >

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

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



[Reminder: Successfully Submitting a Prescription to BriovaRx](#)

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[UnitedHealthcare West Plan Schedule and Code Reports Available Online](#)

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

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

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UnitedHealthcare and OptumHealth Education are continuing their accredited medical education series on autism spectrum disorder (ASD). The six-part webinar series offers free CEU/CME, Certified Case Manager (CCM), American Social Worker Board (ASWP) and American Psychological Association (APA) credits and will be available on-demand at the OptumHealth Education website at optumhealtheducation.com under pediatrics. >

[Revision to Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency Policy](#)

UnitedHealthcare Medicare Advantage Plans are updating the Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency Policy. This update, effective with dates of process on and after Oct. 1, 2018, will help ensure that UnitedHealthcare is in compliance with the local coverage determinations on Durable Medical Equipment (DME) place of service and billing requirements. >

[Discontinuation of Reimbursement for Codes S9083 and S9088](#)

Beginning Nov. 1, 2018, UnitedHealthcare commercial plans and UnitedHealthcare Community Plans in some states will revise their policies to no longer reimburse Healthcare Common Procedure Coding System (HCPCS) S9083, Global Fee Urgent Care Center, to care providers. In addition, beginning Nov. 1, 2018, UnitedHealthcare Community Plans will revise the Payment Policy to no longer reimburse HCPCS S9088, Services Provided in an Urgent Care Center, to care providers in some states. >

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Among the features:

- Smart Edits are delivered via the industry standard EDI 277CA clearinghouse rejection report. There's no need to install new software. Simply check your rejected claims report to find the Smart Edit.
- You'll have five calendar days to correct and resubmit claims returned by Smart Edits. If you don't take any action within five days, the original claim will be released for processing.

What are Smart Edits?

UnitedHealthcare's Smart Edits solution identifies and returns claims with potential errors before they enter the claims processing system. This way, you can review problematic claims in a matter of hours instead of getting denials days later. Smart Edits are expected to increase the rate of clean and complete claims you submit, help improve the claims processing time, and reduce claims denials and resubmissions. Interacting with Smart Edits helps you submit accurate, complete claims more quickly, reducing potential claims denials or rework.

Smart Edit messages explain why the claim was returned and provide direction on how to correct the claim for re-submission. The explanation won't affect the process you use to correct a returned claim. Re-submit the claim electronically with the modifications suggested by Smart Edit notifications to minimize potential denials or rework.

Not sure what payer ID you submit to? Find out by checking our payer list at UHCprovider.com/content/dam/provider/docs/public/resources/edi/Payer-List-UHC-Affiliates-Strategic-Alliances.pdf.



For more information on Smart Edits, visit UHCprovider.com and search for Smart Edits. If you experience problems with Smart Edits, please contact EDI Support online using the [EDI Transaction Support Form](#), by email at SupportEDI@uhc.com or call **800-842-1109**.

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Free CEU/CME Educational Credits Now Available on UHC On Air

We offer a CEU/CME channel on UHC On Air to help support you with continuing education unit (CEU) or continued medical education (CME) credits — at no cost to you.

How It Works

First, follow these steps to access the **CEU/CME channel**:

1. Sign in to Link by going to UHCprovider.com and clicking the Link button in the top right corner.
2. Select the UHC On Air tool on your Link dashboard, and then choose the **CEU/CME Channel** to view continuing education programs.

At the completion of each CEU/CME program, you'll answer a series of questions and need to achieve a score of 80 percent or higher to earn the educational credit certificate. You can then download the certificate from your UHC On Air profile, and we'll also automatically email a copy of it to you.

Check Out Our Other UHC On Air Channels

UHC On Air offers more than education credits. It's also your source for live and on-demand video broadcasts created specifically for UnitedHealthcare care providers. UHC On Air has in-depth program information and

meaningful updates from UnitedHealthcare, available 24/7 and from any device.

- Select the **UHC News Now channel** to watch national broadcasts about our Medicare Advantage, Medicaid and commercial benefit plans and services.
- Watch your **state-specific channel** for state-specific topics categorized by plan type.



For more information about the CEU/CME channel, please email uhconair@uhc.com and we'll respond within 48 to 72 hours.

Tell Us What You Think of Our Communications

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

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UnitedHealthcare Medicare Advantage Prior Authorization Reduction Pilot Concludes

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

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

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

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

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

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Reminder: Successfully Submitting a Prescription to BriovaRx

Our goal is to provide safe, easy and quick ways to get your patients the medication they need. **ePrescribe** is the fast and convenient way to do that. Just add the BriovaRx profile in your electronic medical record (EMR) system using the following information and send the prescription to us:

BriovaRX Specialty Pharmacy
1050 Patrol Road
Jeffersonville, IN 47130
NCPDP ID=1564930
NPC=1083045140

Call 855-4BRIOVA – Provide a verbal prescription directly to a BriovaRx pharmacist dedicated to our health care providers.

Fax 877-342-4596 – Download our enrollment forms for your area of care at briovarx.com/enrollmentForms.html.

To save time and help provide the quickest delivery to your patient, before you send us a prescription, please:

- Verify with your patient that BriovaRx is their selected choice of pharmacy.*
- Verify the medication is covered by your patient's health care plan or if it will require a prior authorization.
- Verify prescription medication name, formulation, strength, directions, quantity and refills are complete.

- If using ePrescribe, select the Jeffersonville BriovaRx address listed above.
- Verify collaborating/supervising physician information is included as required by your state for midlevel practitioners.

You and your patients will enjoy the convenience:

- You save time, staffing and cost of supplies.
- Our pharmacists and nurses are available for your patients via phone 24/7.
- Your patients get free standard shipping to anywhere in the United States.

***Please Note:** For MAPD and PDP members, the benefit plan may allow the patient to obtain prescriptions at other specialty pharmacies. Check plan materials or call the number on the back of the patient's card.



For more information, send an email to BRxProviderHelp@briova.com.

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UnitedHealthcare West Plan Schedule and Code Reports Available Online

Care provider groups now have the ability to download plan schedule and code reports for UnitedHealthcare West members. These plan and code reports are primarily used to support provider-delegated operations such as claims payments. The reports are published about seven to 10 days before the end of each month. When new reports are published, the previous month's version will no longer be available.

To access the reports, go to [UHCprovider.com](#) > Menu > Claims, Billing and Payments > UnitedHealthcare West/Signature Value Resources > [UnitedHealthcare West Plan Code Reports](#). You'll need to sign in with your Optum ID and password (the same ones you use to access Link) and then select a state and benefit plan.



For more information, visit [UHCprovider.com](#) or call the UnitedHealthcare Connectivity Helpdesk at **866-842-3278**, option 1, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

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](#).

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Reminder on Special Needs Plan Model of Care Training

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

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

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

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

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



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

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Webinar Series on Autism Spectrum Disorder

UnitedHealthcare and OptumHealth Education are continuing their accredited medical education series on autism spectrum disorder (ASD). The six-part webinar series offers free CEU/CME, Certified Case Manager (CCM), American Social Worker Board (ASWP) and American Psychological Association (APA) credits and will be available on-demand at the OptumHealth Education website at optumhealtheducation.com under pediatrics.

Registration has started for the next webinar series. Session 3, Genetics and Autism, features a leading researcher in genetics and autism from the University of San Francisco. Session 4, Treatment Strategies, features a BCBA, speech-language pathologist and developmental pediatrician panel focused on evidence-based interventions.

Registration for the Aug. 7, 2018 webcast is available at optumhealtheducation.com/autism-part-III-2018-live and for the Sept. 11, 2018 webcast at optumhealtheducation.com/autism-part-IV-2018-live. UnitedHealthcare is committed to supporting families of children with special health care needs, helping them navigate and thrive within the complex health care system. This educational series has been developed to provide an overview of ASD with the goal of developing an understanding of the disorder and promoting optimal outcomes and compassionate care for these individuals and their families. Topics that will be addressed during the webinars include symptoms, screening, diagnosis, genomics, treatment planning, therapies, autism-sensitive care, community resources, advocating and self-advocacy, medical home care and transition to adulthood.

OptumHealth Education is one of the few jointly accredited organizations in the world, having been simultaneously accredited to provide medical, nursing and pharmacy continuing education activities by the Accreditation Council for Continuing Medical Education (ACCME), American Nurses Credentialing Center (ANCC) and Accreditation Council for Pharmacy Education (ACPE). They are dedicated to providing interprofessional education that leads to improved health care delivery and better patient outcomes.



If you have questions about this educational series, please contact your Provider Advocate. For technical issues related to optumhealtheducation.com, send an email to moreinfo@optumhealtheducation.com.

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Revision to Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency Policy

UnitedHealthcare Medicare Advantage Plans are updating the Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency Policy. The changes include:

- The title of the policy will be revised to the Durable Medical Equipment, Orthotics and Prosthetics Policy.
- Durable Medical Equipment (DME) suppliers will be required to report the applicable place of service (POS). Reimbursement will be limited to settings that represent the patient's residence (01, 04, 09, 12, 13, 14, 16, 33, 54, 55, 56, and 65). For POS 31 and 32, please refer to the Supply Policy.
- Specific items are not suitable for home use such as an implantable device used during a surgical procedure. When reported with a POS that represents the patient's home, these items will not be reimbursed.
- Certain supplies/items are included in the rental period, initial purchase or per the code description and will not be separately reimbursed.

This update, effective with dates of process on and after Oct. 1, 2018, will help UnitedHealthcare be in compliance with the local coverage determinations on DME place of service and billing requirements.

This reimbursement policy applies to all network and non-network physicians or other qualified health care professionals. The revision and corresponding system enhancement will only apply to services reported using the CMS-1500 form (or successor form) or its electronic equivalent.

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Discontinuation of Reimbursement for Codes S9083 and S9088

Beginning Nov. 1, 2018, UnitedHealthcare commercial plans and UnitedHealthcare Community Plans in some states will revise their policies to no longer reimburse Healthcare Common Procedure Coding System (HCPCS) S9083, Global Fee Urgent Care Center, to care providers. Code S9083 is informational on the category of service, urgent care, not the specific service(s) provided. Consistent with CPT and the Centers for Medicare & Medicaid Services, physicians and other health care professionals should report the evaluation and management, and/or procedure code, that specifically describes the services provided.

In addition, beginning Nov. 1, 2018, UnitedHealthcare Community Plans will revise the Payment Policy to no longer reimburse HCPCS S9088, Services Provided in an Urgent Care Center, to care providers in some states.

The following chart shows states impacted by these code changes:

State	UnitedHealthcare Commercial (S9083)	UnitedHealthcare Community Plan (S9083/S9088)
Alabama	X	—
Arkansas	X	—
Florida	X	X
Georgia	X	—
Louisiana	X	X
Mississippi	X	X
North Carolina	X	—
South Carolina	X	—
Tennessee	X	X

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EDI Optimization Campaign Launched to Help Care Providers Increase Productivity

You will be hearing more about Electronic Data Interchange (EDI) due to an EDI Optimization campaign launching this month. Learn how to get better results and more information while optimizing the capabilities of EDI.

The advantage to using EDI is having the capability to submit batch (or single) transactions for multiple members and multiple payers, eliminating the need for manual data entry, phone calls and numerous logins for payer websites. With recent enhancements to claims status (276/277) and eligibility & benefits (270/271) transactions, you can elevate productivity and savings beyond claims.

Enhancements to 276/277 claims status transactions apply to all lines of business and have catapulted our successful response rate to 96 percent. Contact your software vendor or clearinghouse if you are unable to request claims status using EDI.

Improvements also were made to EDI 270/271 eligibility and benefits transactions, allowing up to 10 service type codes (STC) to be requested and the addition of two new codes. See the [Helpful Resources](#) section online for additional supporting documentation on using EDI to obtain eligibility and benefits information.

EDI communications related to this campaign will be delivered via email. Webinars will also be offered to guide you through the enhancement features and optimizing your use of EDI. We encourage you to take advantage of the improvements and resources accessible through this campaign to become more productive and successful with your EDI transactions.

To learn more, go to UHCprovider.com/EDI or contact EDI Support:

UnitedHealthcare commercial and UnitedHealthcare Medicare:

[EDI Transaction Support Form](#) or supportedi@uhc.com
or **800-842-1109**

UnitedHealthcare Community Plan:

[EDI Transaction Support Form](#) or ac_edi_ops@uhc.com
or **800-210-8315**

EDI 276/277 Claims Status Enhancements:

- 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

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Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [July 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
UPDATED/REVISED (Effective Aug. 1, 2018)	
Core Buildup, Post and Core and Pin Retention	Coverage Guideline
Medically Necessary Orthodontic Treatment	Coverage Guideline
National Standardized Dental Claim Utilization Review Criteria	Utilization Review Guideline (URG)
Other Restorative Procedures	Coverage Guideline
Sealants	Coverage Guideline
Single Tooth Direct Restorations	Coverage Guideline

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.



[Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

Many providers in Minnesota, North Dakota, South Dakota and western Wisconsin will be new to the UnitedHealthcare network on Sept. 1, 2018. At that time, services provided to UnitedHealthcare members will be subject to the protocols in the 2018 UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

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

[UnitedHealthcare Commercial](#)

Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

Many providers in Minnesota, North Dakota, South Dakota and western Wisconsin will be new to the UnitedHealthcare network on Sept. 1, 2018. At that time, services provided to UnitedHealthcare members will be subject to the protocols in the 2018 UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol.

Once we are notified of a radiology or cardiology service that is subject to our protocols, we'll conduct a clinical coverage review, as part of our prior authorization process, if the member's benefit plan requires health services to be medically necessary to be covered.

Care providers must provide notification prior to scheduling a planned service subject to UnitedHealthcare's Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. This applies to all participating care providers who order or provide the following advanced imaging and cardiology procedures:

- Computerized Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Positron-Emission Tomography (PET)
- Nuclear medicine
- Nuclear cardiology

- Diagnostic catheterizations
- Electrophysiology implant procedures (including inpatient)
- Echocardiograms
- Stress echocardiograms

For the most current listing of CPT codes for which notification/prior authorization is required, refer to:

- **For radiology services:** UHCprovider.com/Radiology > Specific Radiology Programs.
- **For cardiology services:** UHCprovider.com/Cardiology > Specific Cardiology Programs.

These requirements do not apply to advanced imaging or cardiology procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay (except for electrophysiology implants).

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Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

To Initiate or Confirm the Notification/Prior Authorization Process:

You can verify whether notification/prior authorization is required and initiate a request online or by phone:

- Go to UHCprovider.com/radiology; select the *Prior Authorization and Notification App*. (Optum ID is needed to access the Link application.)
- Go to UHCprovider.com/cardiology; select the *Prior Authorization and Notification App*. (Optum ID is needed to access the Link application.)
- Call **866-889-8054** from 7 a.m. to 7 p.m., local time, Monday through Friday. The system will enable you to continue with the request process or respond automatically that notification or prior authorization is not needed.



For complete details on these radiology and cardiology protocols, please refer to the 2018 [UnitedHealthcare Care Provider Administrative Guide](#) online.

[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 [July 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
NEW		
Ilumya™ (Tildrakizumab-Asmn)	Drug	July 1, 2018
Parsabiv™ (Etelcalcetide)	Drug	July 1, 2018
Self-Administered Medications	Drug	July 1, 2018
UPDATED/REVISED		
Apheresis	Medical	Aug. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Aug. 1, 2018
Brineura™ (Cerliponase Alfa)	Drug	July 1, 2018
Bronchial Thermoplasty	Medical	July 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Drug	July 1, 2018
Cardiovascular Disease Risk Tests	Medical	July 1, 2018
Clotting Factors and Coagulant Blood Products	Drug	July 1, 2018
Cochlear Implants	Medical	Aug. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	Aug. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Medical	July 1, 2018
Home Traction Therapy	Medical	July 1, 2018
Laser Interstitial Thermal Therapy	Medical	Aug. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Medical	July 1, 2018

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Luxturna™ (Voretigene Neparvovec-Rzyl)	Drug	July 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Medical	July 1, 2018
Meniscus Implant and Allograft	Medical	July 1, 2018
Obstructive Sleep Apnea Treatment	Medical	July 1, 2018
Office Based Program	URG	July 1, 2018
Off-Label/Unproven Specialty Drug Treatment	Drug	July 1, 2018
Oncology Medication Clinical Coverage	Drug	July 1, 2018
Pectus Deformity Repair	CDG	July 1, 2018
Private Duty Nursing Services (PDN)	CDG	July 1, 2018
Rhinoplasty and Other Nasal Surgeries	CDG	July 1, 2018
Synagis® (Palivizumab)	Drug	July 1, 2018
Total Artificial Disc Replacement for the Spine	Medical	Sept. 1, 2018
Total Artificial Heart	Medical	Aug. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Medical	July 1, 2018

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



UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

[Coordinated Reimbursement Policy Announcement](#)

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

*Unless otherwise noted, the following reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. UnitedHealthcare reimbursement policies do not address all factors that affect reimbursement for services rendered to UnitedHealthcare members, including legislative mandates, member benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Care Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment.

Once implemented, the policies may be viewed in their entirety at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > \[Reimbursement Policies for Commercial Plans\]\(#\)](#). In the event of an inconsistency between the information provided in the Network Bulletin and the posted policy, the posted policy prevails.

[UnitedHealthcare Reimbursement Policies](#)

Coordinated Reimbursement Policy Announcement

Care providers and payers both play important roles working together to build a more sustainable health system. By collaborating on efforts grounded in the Triple Aim of improving the patient experience and supporting better health while lowering overall costs, we can support the industry's move away from volume-based activity and toward incentivizing a focus on value. This move requires simpler administrative processes and lower costs coupled with payments that emphasize quality and better outcomes. Updating and simplifying our current reimbursement policies is just one of the ways we're supporting this movement.

What does this mean to care providers?

- **Combining Policy Changes into One Release:** Through your feedback, we heard you wanted policy changes combined together rather than introduced piece by piece, while also identifying opportunities to use more consistent reimbursement policies across all products (commercial, Medicare Advantage, Medicaid). This is an important step to create a more consistent, predictable experience, and that's why we are announcing several policy changes together that become effective during the second half of this year.
- Policy changes are outlined in the chart below including: **National Drug Code (NDC) Requirement, Professional and Technical Component** and Procedure to Modifier policies

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[UnitedHealthcare Reimbursement Policies](#)

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Coordinated Reimbursement Policy Announcement

How is this being communicated?

UnitedHealthcare remains committed to early, frequent and transparent communication with care providers about our ongoing relationship. Here’s an overview of the policy changes and their effective dates:*

Policy	Effective Date	Membership Plans In Scope	Summary of Change
National Drug Code (NDC) Requirement Policy	9/1/2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> There will be an addition to the National Drug Code (NDC) Requirement Policy to include drug-related codes submitted on the CMS UB04 and Electronic Data Interface (EDI) transaction 837i. Outpatient claims submitted for reimbursement for drug-related HCPCS and CPT codes must include the NDC number, quantity and the unit of measure. If the required information is not included, the claim may be denied and you will be notified through a Provider Remittance Advice (PRA) to resubmit the claim with the NDC information. The NDC requirement will apply to claims submitted on CMS 1500, 837p, CMS UB04 and 837i claim forms for drug-related HCPCS/CPT codes, effective 9/1/2018 date of service. The policy will no longer require the NDC information for child and adult immunization drug codes.

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[UnitedHealthcare Reimbursement Policies](#)

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Coordinated Reimbursement Policy Announcement

Policy	Effective Date	Membership Plans In Scope	Summary of Change
Professional and Technical Component	9/1/2018	<ul style="list-style-type: none"> Commercial Community Plan Medicaid 	<ul style="list-style-type: none"> Currently the policy denies the interpretation of a radiology service as included in the Evaluation and Management service reported on the same date of service unless medical records are supplied to support separate reimbursement. Effective 9/1/2018 date of process, UnitedHealthcare will no longer require medical records to be submitted when reporting both an E/M service along with the professional component of a radiologic procedure to be eligible for reimbursement.
Procedure to Modifier	11/1/2018	<ul style="list-style-type: none"> Commercial 	<ul style="list-style-type: none"> Consistent with Centers for Medicare and Medicaid Services (CMS) care providers will be required to include an anatomical modifier that identifies the specific coronary artery or part of the artery on which the procedure was performed. The required anatomical modifiers are: <ul style="list-style-type: none"> – LC Left circumflex, coronary artery – LD Left anterior descending coronary artery – LM Left main coronary artery – RC Right coronary artery – RI Ramus intermedius Coronary artery procedure codes reported without the modifier will be denied. Claims can be resubmitted with the appropriate modifier.

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[UnitedHealthcare Reimbursement Policies](#)

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Coordinated Reimbursement Policy Announcement

Policy	Effective Date	Membership Plans In Scope	Summary of Change
Professional and Technical Component	11/18/2018	<ul style="list-style-type: none"> • Commercial • Community Plan • Medicaid 	<ul style="list-style-type: none"> • Currently the policy includes an exception to bypass the denial of CPT code 92586, which represents the technical component only, billed in a facility place of service (POS). Providers have been reimbursed when reporting this code performed in a facility POS. • Effective 11/18/2018 date of process, in alignment with CMS, reimbursement for CPT code 92586 when reported in a facility POS will be included in the payment to the facility only. CPT code 92586 reported by a provider on a professional claim in a facility POS, will be denied.

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UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



[Chemotherapy, Colony-Stimulating Factors and Denosumab Prior Authorization Required for UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island — Starting Nov. 1, 2018](#)

We update our prior authorization requirements as one part of our work to improve health care experiences and outcomes for members by using evidence-based guidelines. Starting Nov. 1, 2018, UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island will start requiring prior authorization for injectable outpatient chemotherapy drugs, colony-stimulating factors and denosumab when given for a cancer diagnosis. >

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

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

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. This change will affect UnitedHealthcare Community Plans in Florida, Ohio, New York and Rhode Island. >

[New Cesarean Delivery Reimbursement Policy](#)

UnitedHealthcare Community Plan in Florida will implement a new Cesarean Delivery Policy for claims with dates of services on or after Sept. 1, 2018. The policy will reduce reimbursement for cesarean deliveries performed for claims that do not have a supporting diagnosis code. >

[UnitedHealthcare Community Plan](#)

Chemotherapy, Colony-Stimulating Factors and Denosumab Prior Authorization Required for UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island – Starting Nov. 1, 2018

We update our prior authorization requirements as one part of our work to improve health care experiences and outcomes for members by using evidence-based guidelines. Starting Nov. 1, 2018, UnitedHealthcare Community Plan in certain states will start requiring prior authorization for injectable outpatient chemotherapy drugs, colony-stimulating factors and denosumab when given for a cancer diagnosis.

Prior Authorization Will Be Required in These States

Starting Nov. 1, 2018, UnitedHealthcare Community Plan members will require prior authorization in:

- Iowa
- Nebraska
- New Mexico
- Rhode Island

Prior Authorization Will Be Required for These Drugs:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

- Colony Stimulating Factors: J2505 (Neulasta), J1442 (Neupogen), J2820 Leukine® (sargramostim), Q5101 (Filgrastim– biosimilar Zarxio), J1447 Granix (tbo-filgrastim)
- Denosumab (Brand names Xgeva and Prolia): J0897

Existing Care Regimens

If a UnitedHealthcare Community Plan member in Iowa, Nebraska, New Mexico or Rhode Island receives injectable chemotherapy, colony-stimulating factors and/or denosumab in an outpatient setting Aug. 1, 2018 through Oct. 31, 2018, you do not need to submit a prior authorization request until a new chemotherapy drug, colony-stimulating factor or denosumab is administered. We will authorize the regimen the member started before Nov. 1, 2018, and that authorization will be effective until Oct. 31, 2019.

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[UnitedHealthcare Community Plan](#)

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Chemotherapy, Colony-Stimulating Factors and Denosumab Prior Authorization Required for UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island – Starting Nov. 1, 2018

For all affected states, if you're adding a new injectable chemotherapy drug, colony-stimulating factor or denosumab to a member's existing regimen, prior authorization will be required.



We'll publish Information about how to request a prior authorization for these medications in the Network Bulletin at [UHCprovider.com/news](https://www.uhcprovider.com/news) before November 2018.

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

Policy Title	Policy Type	Effective Date
NEW		
Illumya™ (Tildrakizumab-Asmn)	Drug	July 1, 2018
Parsabiv™ (Etelcalcetide)	Drug	July 1, 2018
UPDATED/REVISED		
Apheresis	Medical	Sept. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Sept. 1, 2018
Brineura™ (Cerliponase Alfa)	Drug	July 1, 2018
Bronchial Thermoplasty	Medical	July 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Drug	July 1, 2018
Buprenorphine (Probuphine® & Sublocade™) (for Pennsylvania Only)	Drug	July 1, 2018
Cardiovascular Disease Risk Tests	Medical	July 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	Sept. 1, 2018
Crysvita® (Burosumab-Twza)	Drug	July 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Medical	July 1, 2018
Denied Drug Codes – Pharmacy Benefit Drugs	Drug	July 1, 2018
Home Traction Therapy	Medical	July 1, 2018
Hospice Care (for Florida, Louisiana, Mississippi and Tennessee)	CDG	Sept. 1, 2018

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[UnitedHealthcare Community Plan](#)

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Laser Interstitial Thermal Therapy	Medical	Sept. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Medical	July 1, 2018
Luxturna™ (Voretigene Neparvovec-Rzyl)	Drug	July 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Medical	July 1, 2018
Meniscus Implant and Allograft	Medical	July 1, 2018
Obstructive Sleep Apnea Treatment	Medical	July 1, 2018
Off-Label/Unproven Specialty Drug Treatment	Drug	July 1, 2018
Oncology Medication Clinical Coverage	Drug	July 1, 2018
Pectus Deformity Repair	CDG	Sept. 1, 2018
Private Duty Nursing Services (PDN)	CDG	July 1, 2018
Rhinoplasty and Other Nasal Surgeries	CDG	July 1, 2018
Synagis® (Palivizumab)	Drug	July 1, 2018
Total Artificial Disc Replacement for the Spine	Medical	Sept. 1, 2018
Total Artificial Heart	Medical	Sept. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Medical	July 1, 2018
White Blood Cell Colony Stimulating Factors	Drug	July 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 Community Plan](#)

Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. This change will affect UnitedHealthcare Community Plans in Florida, Ohio, New York and Rhode Island.

Medicaid does not consider ultrasounds to be medically necessary if they are done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy.

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

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

State	Effective Date
Florida	Sept. 1, 2018
Ohio	Oct. 1, 2018
New York	Nov. 1, 2018
Rhode Island	Nov. 1, 2018

To read the policy, please visit UHCCommunityPlan.com > For Health Care Professionals > Select your state > Reimbursement Policies.

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[UnitedHealthcare Community Plan](#)

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Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

Note about Reimbursement Policies

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

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

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

[UnitedHealthcare Community Plan](#)

New Cesarean Delivery Reimbursement Policy

UnitedHealthcare Community Plan in Florida will implement a new Cesarean Delivery Policy for claims with dates of services on or after Sept. 1, 2018. The policy will reduce reimbursement for cesarean deliveries performed for claims that do not have a supporting diagnosis code.

Claims submitted with a cesarean procedure code must have one of these diagnosis codes or it will be paid at a 20 percent reduction of the allowable amount. Cesarean procedure codes include 59510, 59514, 59515, 59618, 59620 and 59622.

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

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

This policy applies to claims submitted for UnitedHealthcare Community Plan members on both paper form CMS-1500 and Electronic Data Interface (EDI) transaction 837P claim files. To read the policy, please visit UHCCommunityPlan.com > For Health Care Professionals > Florida > Reimbursement Policies.

Note about Reimbursement Policies

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

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



UnitedHealthcare Medicare Advantage

Learn about Medicare Advantage policy, reimbursement and guideline changes.

[UnitedHealthcare Medicare Advantage Procedure to Modifier Reimbursement Policy](#)

To better align with the Centers for Medicare & Medicaid Services (CMS), UnitedHealthcare will enhance the Procedure to Modifier Policy for UnitedHealthcare Medicare Advantage plans to require the appropriate therapy modifiers GN, GO and GP. >

[UnitedHealthcare Medicare Advantage Plan Reimbursement – New Policies](#)

UnitedHealthcare will publish multiple new reimbursement policies on Sept. 1, 2018 for UnitedHealthcare Medicare Advantage Plans to better align with UnitedHealthcare commercial and Community Plan Medicaid lines of business. Publication of these policies will increase transparency by providing the rationale to support the current editing where applicable. >

[Reminder: National Drug Code \(NDC\) Requirement Policy](#)

Effective for dates of service on or after Sept. 1, 2018, there will be an addition to the National Drug Code (NDC) Requirement Policy to include drug-related codes submitted on the CMS UB04 and Electronic Data Interface (EDI) transaction 837i. Outpatient claims submitted for reimbursement for unlisted drug-related HCPCS and CPT codes must include the NDC number, quantity and the unit of measure. The NDC requirement will apply to claims submitted on CMS 1500, 837p, CMS UB04 and 837i claim forms for drug-related HCPCS/CPT codes. >



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

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

[UnitedHealthcare Medicare Advantage Reimbursement Policy](#)

UnitedHealthcare Medicare Advantage Procedure to Modifier Reimbursement Policy

To better align with the Centers for Medicare & Medicaid Services (CMS), UnitedHealthcare will enhance the Procedure to Modifier Policy for UnitedHealthcare Medicare Advantage plans to require the appropriate therapy modifiers GN, GO and GP. Effective for claims processed Sept. 1, 2018 received with date of service Jan. 1, 2018 and after, UnitedHealthcare will deny CPT and HCPCS “Always Therapy” codes when not appended with the appropriate therapy modifier in accordance with the CMS transmittal available online at [cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017-Transmittals-Items/R3936CP.html](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017-Transmittals-Items/R3936CP.html).

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

[UnitedHealthcare Medicare Advantage Reimbursement Policy](#)

UnitedHealthcare Medicare Advantage Plan Reimbursement — New Policies

UnitedHealthcare will publish multiple new reimbursement policies on Sept. 1, 2018 for UnitedHealthcare Medicare Advantage Plan to better align with UnitedHealthcare commercial and Community Plan Medicaid lines of business. Publication of these policies will increase transparency by providing the rationale to support the current editing where applicable.

- Adjunct professional services
- Age to diagnosis & procedure code
- Audiologic/Vestibular function testing
- Care plan oversight
- Re-admission
- Unlisted services

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

[UnitedHealthcare Medicare Reimbursement Policy](#)

Reminder: National Drug Code (NDC) Requirement Policy

Effective for dates of service on or after Sept. 1, 2018, there will be an addition to the National Drug Code (NDC) Requirement Policy to include drug-related codes submitted on the CMS UB04 and Electronic Data Interface (EDI) transaction 837i:

- Outpatient claims submitted for reimbursement for unlisted drug-related HCPCS and CPT codes must include the NDC number, quantity and the unit of measure. If the required information is not included, the claim may be denied and you will be notified through a Provider Remittance Advice (PRA) to resubmit the claim with the NDC information.
- The NDC requirement will apply to claims submitted on CMS 1500, 837p, CMS UB04 and 837i claim forms for drug-related HCPCS/CPT codes.

[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 June 13, 2018)
Acupuncture (NCD 30.3)
Acupuncture for Fibromyalgia (NCD 30.3.1)
Acupuncture for Osteoarthritis (NCD 30.3.2)
Cardiac Pacemaker Evaluation Services (NCD 20.8.1)
Carotid Body Resection/Carotid Body Denervation (NCD 20.18)
Cellular Therapy (NCD 30.8)
Corset Used as Hernia Support (NCD 280.11)
Counseling to Prevent Tobacco Use (NCD 210.4.1)
Delivery of IMRT/SRS/SBRT
Diathermy Treatment (NCD 150.5)
External Counterpulsation (ECP) Therapy for Severe Angina (NCD 20.20)
Fabric Wrapping of Abdominal Aneurysms (NCD 20.23)
Hypnotherapy
Implantable Automatic Defibrillators (NCD 20.4)
Intraoperative Ventricular Mapping (NCD 20.11)

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on June 13, 2018)
Islet Cell Transplantation in the Context of a Clinical Trial (NCD 260.3.1)
KX Modifier
Nebulizers
Noninvasive Tests of Carotid Function (NCD 20.17)
Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)
Pancreas Transplants (NCD 260.3)
Percutaneous Left Atrial Appendage Closure (LAAC) (NCD 20.34)
Percutaneous Ventricular Assist Device
Photodynamic Therapy (NCD 80.2)
Photosensitive Drugs (NCD 80.3)
Screening for Hepatitis B Virus (HBV) Infection (NCD 210.6)
Screening for the Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)
Seat Lift (NCD 280.4)
Sykes Hernia Control (NCD 280.12)
Tracheostomy Speaking Valve (NCD 50.4)
Transtelephonic Monitoring of Cardiac Pacemakers (NCD 20.8.1.1)
Ultrasound and Fluoroscopic Paravertebral Facet Joint Injections
Verteporfin (NCD 80.3.1)
Vitrectomy (NCD 80.11)
RETIRED (Approved on June 13, 2018)
Macugen® (Pegaptanib)

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 [July 2018 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

Policy Title
UPDATED/REVISED (Approved on June 19, 2018)
Age Related Macular Degeneration (AMD) Therapy (Macugen®, Lucentis®, Avastin®, EYLEA®)
Biofeedback
Carotid Procedures and Testing
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies
Experimental Procedures and Items, Investigational Devices and Clinical Trials
Rehabilitation: Cardiac Rehabilitation Services (Outpatient)
Second and Third Opinions
Transcatheter Heart Valve Procedures
Veteran Administration (VA) and Indian Health Services (IHS)
Vision Services, Therapy and Rehabilitation

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.



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

UnitedHealthcare's PreCheck MyScript functionality on Link is now integrated in the NewCrop e-prescribing system. This allows you to check medication coverage, patient cost share, prior authorization requirements and more — without leaving your existing workflow. Adding a medication to your patient's electronic health record will automatically trigger a real-time benefit check and provide key information from UnitedHealthcare and Optum Rx, which may assist in selecting the best medication for a patient's condition and plan requirements. >

[Patient Advisor Webinars Offered By DrFirst For Prescribers](#)

Patient Advisor, which can be integrated into your e-prescribing workflow, offers real-time benefit information and prior authorizations for UnitedHealthcare, other insurance payers and pharmacy benefit managers (PBMs). DrFirst invites you to register for a 30-minute webinar to review the benefits of myBenefitCheck and its new workflow. >

[Doing Business Better](#)

Enhanced Prescription Functionality Now Available in NewCrop

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

Adding a medication to your patient's electronic health record will automatically trigger a real-time benefit check and provide key information from UnitedHealthcare and Optum Rx, which may assist in selecting the best medication for a patient's condition and plan requirements. This all takes place before the patient leaves your office:

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



If you have any questions, contact your NewCrop representative. If you don't use an electronic prescribing service, you can use PreCheck MyScript on Link. Go to UHCprovider.com/precheckmyscript for more information.

[Doing Business Better](#)

Patient Advisor Webinars Offered By DrFirst For Prescribers

Patient Advisor, which can be integrated into your e-prescribing workflow, offers real-time benefit information and prior authorizations for UnitedHealthcare, other insurance payers and pharmacy benefit managers (PBMs).

DrFirst invites you to [register](#) for a 30-minute webinar to review the benefits of myBenefitCheck and its new workflow, including:



For more information, visit drfirst.com or call **866-263-6511**.

- An overview of the real-time benefit messages now presented in your e-prescribing workflow
- Using those messages to submit and manage electronic prior authorizations



UnitedHealthcare Affiliates

Learn about updates with our company partners.



[Reminder: Optum ID Is Coming to OxfordHealth.com](#)

Soon, you'll need an Optum ID to access OxfordHealth.com. This is the next step in our efforts to consolidate our websites to make it easier to do business with us. >

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

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



[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](#)

Reminder: Optum ID Is Coming to OxfordHealth.com

Soon, you'll need an Optum ID to access OxfordHealth.com. This is the next step in our efforts to consolidate our websites to make it easier to do business with us.

An Optum ID is our way of managing your online identity. Once you register for an Optum ID you'll have a single sign on to access OxfordHealth.com and Link. Learn more about [Link and Oxford members](#).

Soon, when you go to OxfordHealth.com, the log in screen will allow you to sign in with either your Optum ID or your Oxford ID. Eventually, the Oxford ID option will be removed.

- If you're using Link, you already have an Optum ID and should use that to sign in to OxfordHealth.com. You'll see a prompt to transfer your Oxford registration to your Optum ID; this is a one-time process.
- If you don't have an Optum ID, you can go to [UHCprovider.com/newuser](#) now or anytime and click *Create an Optum ID*. We're also adding a registration link to OxfordHealth.com.

Note: The first person in your organization who registers with your tax ID number (TIN) will be the primary administrator for any other user accounts in your organization.



For help transferring your Oxford ID to your Optum ID, please call OxfordHealth.com Technical Support at **800-811-0881**, from 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.

[UnitedHealthcare Affiliates](#)

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

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

If you have patients whose employers are renewing their health coverage with a UnitedHealthcare Oxford commercial plan, you'll see some differences in their new member identification (ID) card that we want to remind you about:

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

The ERA Payer ID number will not change and will remain **06111**.

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

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



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

[UnitedHealthcare Affiliates](#)

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [July 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
NEW		
Ilumya™ (Tildrakizumab-Asmn)	Clinical	July 1, 2018
Parsabiv™ (Etelcalcetide)	Clinical	July 1, 2018
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Clinical	Aug. 1, 2018
Assisted Administration of Clotting Factors and Coagulant Blood Products	Clinical	July 1, 2018
Athletic Pubalgia Surgery	Clinical	July 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Clinical	Aug. 1, 2018
Breast Reduction Surgery	Clinical	July 1, 2018
Brineura™ (Cerliponase Alfa)	Clinical	July 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Clinical	July 1, 2018
Cardiovascular Disease Risk Tests	Clinical	July 1, 2018
Clinical Trials	Clinical	July 1, 2018
Clotting Factors and Coagulant Blood Products	Clinical	July 1, 2018
Contraceptives	Administrative	Aug. 1, 2018
Corneal Hysterisis and Intraocular Pressure Measurement	Clinical	Aug. 1, 2018
Crysvita® (Burosumab-Twza)	Clinical	Oct. 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Aug. 1, 2018
Drug Coverage Guidelines	Clinical	July 1, 2018
Drug Coverage Guidelines	Clinical	Aug. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Clinical	Aug. 1, 2018

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Follicle Stimulating Hormone (FSH) Gonadotropins	Clinical	July 1, 2018
Formula & Specialized Food	Administrative	Aug. 1, 2018
From – To Date Policy	Reimbursement	July 1, 2018
Gene Expression Tests for Cardiac Indications	Clinical	July 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Clinical	Aug. 1, 2018
Home Traction Therapy	Clinical	July 1, 2018
Human Menopausal Gonadotropins (hMG)	Clinical	July 1, 2018
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	Clinical	July 1, 2018
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Clinical	July 1, 2018
Luxturna™ (Voretigene Neparvovec-Rzyl)	Clinical	July 1, 2018
Motorized Spinal Traction	Clinical	July 1, 2018
Neuropsychological Testing Under the Medical Benefit	Clinical	Aug. 1, 2018
Office Based Program	Clinical	July 1, 2018
Off-Label/Unproven Specialty Drug Treatment	Clinical	July 1, 2018
Orthopedic Services	Administrative	July 1, 2018
Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)	Clinical	July 1, 2018
Oxford's Outpatient Imaging Self-Referral	Clinical	Aug. 1, 2018
Parsabiv™ (Etelcalcetide)	Clinical	Oct. 1, 2018
Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members	Clinical	Aug. 1, 2018
Precertification Exemptions for Outpatient Services	Administrative	July 1, 2018
Preterm Labor Management	Clinical	July 1, 2018

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	July 1, 2018
Radiopharmaceuticals and Contrast Media	Clinical	July 1, 2018
Sodium Hyaluronate	Clinical	Aug. 1, 2018
Specialty Medication Administration - Site of Care Review Guidelines	Clinical	Aug. 1, 2018
Synagis® (Palivizumab)	Clinical	July 1, 2018
Time Span Codes	Reimbursement	Aug. 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.

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SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [July 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		
Attention Deficit Hyperactivity Disorder (ADHD)	All (California, Oklahoma, Oregon, Texas, & Washington)	July 1, 2018
Blood and Blood Products	All	Aug. 1, 2018
Chemical Dependency/Substance Abuse Detoxification	All	Aug. 1, 2018
Chemical Dependency/Substance Abuse Rehabilitation	All	Aug. 1, 2018
Medications and Off-Label Drugs	All	Aug. 1, 2018
Preventive Care Services	All	Aug. 1, 2018
Services/Complications Related to Non-Covered Services	All	Aug. 1, 2018
Wheelchairs and Accessories	All	July 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.

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SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

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

Policy Title	Effective Date
UPDATED/REVISED	
Apheresis	Aug. 1, 2018
Breast Reduction Surgery	July 1, 2018
Bronchial Thermoplasty	July 1, 2018
Cardiovascular Disease Risk Tests	July 1, 2018
Clinical Practice Guidelines	Aug. 1, 2018
Clinical Trials	July 1, 2018
Cochlear Implants	Aug. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Aug. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	July 1, 2018
Home Traction Therapy	July 1, 2018
Laser Interstitial Thermal Therapy	Aug. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	July 1, 2018
Magnetic Resonance Spectroscopy (MRS)	July 1, 2018
Meniscus Implant and Allograft	July 1, 2018
Obstructive Sleep Apnea Treatment	July 1, 2018
Pectus Deformity Repair	July 1, 2018
Rhinoplasty and Other Nasal Surgeries	July 1, 2018

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[UnitedHealthcare Affiliates](#)

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SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

Policy Title	Effective Date
UPDATED/REVISED	
Total Artificial Disc Replacement for the Spine	Sept. 1, 2018
Total Artificial Heart	Aug. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	July 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.



[Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

Many providers in Minnesota, North Dakota, South Dakota and western Wisconsin will be new to the UnitedHealthcare network on Sept. 1, 2018. At that time, services provided to UnitedHealthcare members will be subject to the protocols in the 2018 UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

[Chemotherapy, Colony-Stimulating Factors and Denosumab Prior Authorization Required for UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island — Starting Nov. 1, 2018](#)

We update our prior authorization requirements as one part of our work to improve health care experiences and outcomes for members by using evidence-based guidelines. Starting Nov. 1, 2018, UnitedHealthcare Community Plan in Iowa, Nebraska, New Mexico and Rhode Island will start requiring prior authorization for injectable outpatient chemotherapy drugs, colony-stimulating factors and denosumab when given for a cancer diagnosis. >

["Leased Network" Supplement for the 2018 UnitedHealthcare Administrative Guide](#)

Effective Sept. 1, 2018, the "Leased Network" Supplement for the 2018 UnitedHealthcare Administrative Guide can no longer be referenced by providers directly contracted through UnitedHealthcare in Minnesota, North Dakota, South Dakota and 13 counties in Western Wisconsin (Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Saint Croix, Sawyer and Washburn). >

[State News](#)

"Leased Network" Supplement for the 2018 UnitedHealthcare Administrative Guide

Effective Sept. 1, 2018, the "Leased Network" Supplement for the 2018 UnitedHealthcare Administrative Guide can no longer be referenced by providers directly contracted through UnitedHealthcare in Minnesota, North Dakota, South Dakota and 13 counties in Western Wisconsin (Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Saint Croix, Sawyer and Washburn).

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Doc#: PCA-1-011354-07102018_07172018

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