

DECEMBER 2018

network bulletin

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

Enter



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

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



Table of Contents



Front & Center

Stay up to date with the latest news and information.

[PAGE 3](#)



UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

[PAGE 16](#)



UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

[PAGE 23](#)



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[PAGE 26](#)



UnitedHealthcare Medicare Advantage

Learn about Medicare Advantage policy, reimbursement and guideline changes.

[PAGE 32](#)



UnitedHealthcare Affiliates

Learn about updates with our company partners.

[PAGE 40](#)



State News

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

[PAGE 51](#)



Front & Center

Stay up to date with the latest news and information.

[Network National Laboratory Services Care Providers for 2019](#)

In 2019, UnitedHealthcare will be growing its national network of participating laboratory providers to better support our members and the care providers who order laboratory services. LabCorp will remain in-network and beginning Jan. 1, 2019, Quest Diagnostics will also be an in-network laboratory care provider for all UnitedHealthcare members*. >

[UnitedHealthcare Preferred Lab Network to Launch July 1, 2019](#)

UnitedHealthcare's Preferred Lab Network will launch July 1, 2019, and feature currently contracted laboratory care providers that have met higher standards for access, cost, data, quality and service. These standards will help us work with the labs to improve care provider and member experience. >

[Changes in Advance Notification and Prior Authorization Requirements](#)



Changes in advance notification and prior authorization requirements are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs. >

[Ambulatory Surgery and Level of Care Reviews](#)

Our Pre-Service Level of Care (LOC)

reviews help ensure our members receive care in the most appropriate, cost-effective setting based on their individual needs. Pre-service level of care reviews can also reduce unwarranted variations and can improve quality outcomes. >

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

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

[Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019](#)



Front & Center

Stay up to date with the latest news and information.

In September and October of 2018, we announced that we're retiring certain fax numbers used for medical prior authorization requests on Jan. 1, 2019. Instead of faxing the requests, please use the Prior Authorization and Notification tool on Link. [▶](#)

[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. [▶](#)

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

We're continuously making

improvements to Link tools to better support your needs. [▶](#)

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

[340B Drug Pricing Program Expanding in 2019](#)

In 2019, the Centers for Medicare

& Medicaid Services (CMS) is extending the 340B payment change to additional off-campus provider-based hospital outpatient departments that are paid under the Physician Fee Schedule. UnitedHealthcare will also align with CMS requirements for the 2019 340B Program expansion. [▶](#)


[Front & Center](#)

Network National Laboratory Services Care Providers for 2019

In 2019, UnitedHealthcare will be growing its national network of participating laboratory providers to better support members and the care providers who order laboratory services.

- LabCorp is currently UnitedHealthcare’s exclusive national clinical laboratory care provider. After Jan. 1, 2019, they will remain in network for all UnitedHealthcare members.*
- Beginning Jan. 1, 2019, Quest Diagnostics will be an in-network laboratory care provider for all UnitedHealthcare members.*

Quest, which is an in-network lab for a limited number of UnitedHealthcare plans in some markets today, has 6,000 patient access points and will be in-network nationwide for all plan participants beginning Jan. 1, 2019.

 For more information, please contact your UnitedHealthcare representative.

*Excluding existing lab capitation agreements

LabCorp offers nearly 5,000 frequently requested and specialty tests, including a wide range of clinical, anatomic pathology, genetic and genomic tests, delivered through LabCorp’s broad patient access points, including a growing retail presence.

UnitedHealthcare Preferred Lab Network to Launch July 1, 2019

We’re excited to announce that the UnitedHealthcare Preferred Lab Network will launch July 1, 2019. The Preferred Lab Network will feature currently contracted laboratory care providers that have met higher standards for access, cost, data, quality and service. These standards will help us work with the labs to improve the care provider and member experience.

We’re currently reaching out to free-standing labs already participating in the UnitedHealthcare network inviting them to apply to join the Preferred Lab Network program. In the summer of 2019, we’ll announce more information about the program, along with the labs that will be included in the Preferred Lab Network.

[Front & Center](#)

Changes in Advance Notification and Prior Authorization Requirements

Code Additions to Prior Authorization

For dates of service on or after **Dec. 1, 2018**, the following procedure codes, per state requirements, will require prior authorization for members under age 21 for **UnitedHealthcare Community Plan of Texas (Star and Star Kids (LTSS) Plans)**:

Category	Codes
Dental Anesthesia	00170, 41899

Code Removals from Existing Prior Authorization Categories

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

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plans (Medicaid, CHIP, LTSS) – all plans**:

Category	Codes
Orthotics and prosthetics	L2128

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plan of Arizona Complete Care (Medicaid)**:

Category	Codes
Bariatric Surgery	43887

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plan of Nebraska (Medicaid)**:

Category	Codes
Bariatric Surgery	43865

[CONTINUED >](#)

[Front & Center](#)

< CONTINUED

Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **Jan. 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Mississippi (Medicaid, CHIP Plans)**:

Category	Codes
Non-emergent air ambulance transport	A0430, A0431, S9960 , S9961

For dates of service on or after **Jan. 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Medicare Plans** (UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, UnitedHealthcare Community Dual Special Needs Plans, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Community Plans-Medicare, and Medica and Preferred Care of Florida health plan):

Category	Codes
Durable Medical Equipment (DME)	E0470, E0471, E0472, E0650, E0651, E0652, E0655, E0656 E0660, E0665, E0667, E0668, E0669, E0671, E0672, E0673, E0675 Note: Excludes Medica and Preferred Care of Florida health plan
Orthotics	L2128

For dates of service on or after **Jan. 1, 2019**, the following procedure codes will NOT require prior authorization for **UnitedHealthcare Commercial Plans (UnitedHealthcare Commercial, UnitedHealthcare West)**:

Category	Codes
Genetic and Molecular Testing	0028U
Injectable Medications - Hemophilia	Q9975

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **UnitedHealthcare Mid Atlantic Health Plan**:

Category	Codes
Sleep Apnea Procedures & Surgeries	41530
Radiology	70557, 70558, 70559, 76390, 77022, 77423, 77424, 77425, S8035
Potentially Unproven Services	0345T
DME greater than \$1000	E0470, E1800, E1810, E1815, K0812
Prosthetics greater than \$1000	L5700, L5701

[Front & Center](#)

< CONTINUED

Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **Neighborhood Health Partnership commercial plan:**

Category	Codes
Digestive System	43238, 43245, 43246, 43248, 43250, 43251, 43259, 43279 43631, 44120, 44180, 44204, 44207, 45382, 45386, 45505 46200, 46230, 46260, 46270, 46280, 46947, 47130, 47562 47563, 48102, 49000, 49010, 49203, 49418, 49500, 49507 49520, 49560, 49657, G0105
DME greater than \$1000	E0470, E0472, E1800, E1810 E1815, K0010
Injectable Medications – Hemophilia	Q9975
Musculoskeletal	23430, 23455, 23515, 25076, 25107, 25115, 26116, 26160 26418, 26615, 26727, 26746, 26860, 27095, 27323, 27370 27418, 27420, 27427, 27485, 27650, 27675, 27691, 27792 27829, 28045, 28090, 28238 28300, 28304, 28315, 28750 28810, 29804
Orthotics greater than \$1000	L2128
Potentially Unproven Services	S3652
Prosthetics greater than \$1000	L5700, L5701
Sleep Apnea Procedures & Surgeries	41530

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **UnitedHealthcare of the River Valley commercial plan:**

Category	Codes
DME greater than \$1000	E0470, E0472, E1800, E1810, E1815, K0010
Orthotics greater than \$1000	L2128
Potentially Unproven Services	S3652
Prosthetics greater than \$1000	L5700, L5701
Sleep Apnea Procedures & Surgeries	41530

CONTINUED >

[Front & Center](#)

< CONTINUED

Changes in Advance Notification and Prior Authorization Requirements

The most up-to-date Advance Notification lists are available online:



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

Front & Center

Ambulatory Surgery and Level of Care Reviews

Our Pre-Service Level of Care (LOC) reviews help ensure our members receive care in the most appropriate, cost-effective setting based on their individual needs. Pre-service level of care reviews can also reduce unwarranted variations and can improve quality outcomes.

Recent trends toward less-invasive surgical and anesthetic techniques have allowed certain traditionally inpatient surgical procedures to be done safely and effectively in the ambulatory setting such as a hospital outpatient surgery department. Meanwhile, the risks of inpatient hospital stays, such as nosocomial infections and medication errors, have received increasing attention. These factors have prompted a reconsideration of the benefits of the ambulatory surgery setting by payers and providers alike. In fact, the Centers for Medicare & Medicaid Services (CMS) recently removed total knee arthroplasties from the “Inpatient Only” list of surgical procedures.

UnitedHealthcare has conducted pre-service level of care reviews for procedures on the Enterprise Prior Authorization List identified as “potentially ambulatory” by Milliman Care Guidelines (MCG). These guidelines include criteria to determine the appropriate surgical setting for certain surgical procedures. MCG notes that their own research

indicates that 20 to 50 percent of surgical procedures termed ‘ambulatory’ or ‘potentially ambulatory’ have been done safely and effectively under the ambulatory level of care. These same guidelines also define the ambulatory setting (outpatient setting of the hospital) as including an overnight stay, affording 24 hours of postoperative observation as part of ambulatory surgical treatment. Specific details such as which procedure is being considered and the overall clinical status of the patient are necessary to complete assessment of suitability for ambulatory surgery.

If it becomes clear in the postoperative period that more than an overnight stay is needed, a request for such care can be made and reviewed at that time.



For more information, contact your
Provider Advocate.

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

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

[Front & Center](#)

Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019

In September and October of 2018, we announced that we’re retiring certain fax numbers used for medical prior authorization requests on Jan. 1, 2019. **Instead of faxing the requests, please use the Prior Authorization and Notification tool on Link.**

Go to UHCprovider.com/priorauth for full program details.

The fax numbers retiring on Jan. 1, 2019, are:

877-269-1045	866-537-9371
866-362-6101	800-789-0714
866-892-4582	800-352-0049
866-589-4848	800-538-1339
866-255-0959	800-676-4798

More numbers will be added to this list throughout 2019. We’ll let you know which numbers are being retired in the Network Bulletin and at UHCprovider.com/priorauth.

Some Fax Numbers Won’t Retire

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

Requests for Additional Information

If we ask you for more information about a prior authorization request, you can attach it directly to the

case using the Prior Authorization and Notification tool on Link. If you can’t access Link, you can use the fax number included on the request for more information.

New Fax Numbers for Admission Notifications

Some of the retiring fax numbers are also used for Inpatient Admission Notifications. While we encourage you to use the *Prior Authorization and Notification tool on Link* to notify us when a member has been hospitalized or admitted to your facility, we have new fax numbers you can use for Inpatient Admission Notification.

- UnitedHealthcare Commercial Admission Notifications: **844-831-5077.**
- UnitedHealthcare Medicare Advantage and Medicare Special Needs Plans Admission Notifications: **844-211-2369.**

Please do not use these fax numbers for prior authorization requests.

Other Ways to Submit a Prior Authorization Request

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

CONTINUED >

[Front & Center](#)

< CONTINUED

Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019

Quick Start: Using the Prior Authorization and Notification Tool

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

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

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

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

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

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

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

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/ife/form/SV_08sAsRnUY2Kb153. Thank you for your time.

[Front & Center](#)

Link Self-Service Updates and Enhancements

We're continuously making improvements to Link tools to better support your needs. Here are some recent enhancements:

Prior Authorization and Notification tool

- Required fields are now highlighted
- When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
- Now you can enter additional contact details

referralLink

- A "Help" hyperlink has been added to the screen to connect to UHCprovider.com/referrallink for Quick Reference Guides and more.

eligibilityLink

- When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
- A "Help" hyperlink has been added to the right navigation and it links to UHCprovider.com/eligibilitylink for Quick Reference Guides and more.

Getting Started

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, click on [New User](#) and get started.

Register for live training webinars at UHCprovider.com/training or watch short tutorials on demand on UHC On Air on Link. [UHC On Air](#) is your source for live and on-demand video broadcasts created specifically for UnitedHealthcare providers.



For help with Link, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

[Front & Center](#)

Dental Clinical Policy & Coverage Guideline Updates

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Application of Medicaments and Desensitizing Resins	Clinical Policy	Nov. 1, 2018
Bacterial and Viral Testing	Coverage Guideline	Nov. 1, 2018
Full Mouth Debridement	Coverage Guideline	Dec. 1, 2018
General Anesthesia and Conscious Sedation Services	Coverage Guideline	Jan. 1, 2019
Implants	Coverage Guideline	Nov. 1, 2018
Medically Necessary Orthodontic Treatment	Coverage Guideline	Nov. 1, 2018
Miscellaneous Diagnostic Procedures	Clinical Policy	Jan. 1, 2019
National Standardized Dental Claim Utilization Review Criteria	Utilization Review Guideline (URG)	Jan. 1, 2019
Non-Surgical Periodontal Therapy	Clinical Policy	Nov. 1, 2018
Occlusal Guards	Coverage Guideline	Jan. 1, 2019
Removable Prosthodontics	Coverage Guideline	Jan. 1, 2019
Space Maintenance	Coverage Guideline	Jan. 1, 2019
Surgical Extraction of Erupted Teeth and Retained Roots	Coverage Guideline	Nov. 1, 2018
Surgical Extraction of Impacted Teeth	Clinical Policy	Nov. 1, 2018
Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications	Clinical Policy	Jan. 1, 2019

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.

[Front & Center](#)

340B Drug Pricing Program Expanding in 2019

In 2018, the Centers for Medicare & Medicaid Services (CMS) implemented a payment policy to help beneficiaries save on coinsurance for drugs that were administered at hospital outpatient departments that were acquired through the 340B program — a program that allows certain hospitals to buy outpatient drugs at lower cost. Since the implementation, beneficiaries are already saving an estimated \$320 million on out-of-pocket payments for these drugs¹. As announced in the [July 2018 Network Bulletin](#), UnitedHealthcare aligned our policies with this CMS requirement.

In 2019, CMS is expanding this policy by extending the 340B payment change to additional off-campus provider-based hospital outpatient departments that are paid under the Physician Fee Schedule. UnitedHealthcare will also align with CMS requirements for the 2019 340B Program expansion.

Please remember that claims for drugs or biologics purchased through the 340B program must include the appropriate modifier. CMS has established two HCPCS Level II modifiers to identify 340B-acquired drugs — modifiers “JG” and “TB.”

By working together, we can help people live healthier lives and help make the health system work better for everyone. If you have additional questions, please contact your local network representative.

¹ CMS Finalizes Rule that Encourages More Choices and Lower Costs for Seniors available at [cms.gov/newsroom/press-releases/cms-finalizes-rule-encourages-more-choices-and-lower-costs-seniors](https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-encourages-more-choices-and-lower-costs-seniors) Nov, 2, 2018.



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](#)

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide. >

[Optum Fertility Solutions Infertility Guideline](#)

On March 4, 2019, the following revisions will take effect for the Infertility Medical Necessity Clinical Guideline: the definition of infertility will be expanded; gestational carrier information will be added; the age timeline for Assisted Reproductive Technologies (ART) will be updated; and information on when natural cycle IVF is not indicated will be updated. >

[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

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide.

Once we're notified of a radiology or cardiology service that's 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)
- Diagnostic catheterizations
- Echocardiograms
- Electrophysiology implant procedures (including inpatient)
- Magnetic Resonance Angiography (MRA)

- Magnetic Resonance Imaging (MRI)
- Nuclear cardiology
- Nuclear medicine
- Positron-Emission Tomography (PET)
- 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 don't 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).

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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; click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access the Link web tools.)
- Go to UHCprovider.com/cardiology; click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access the Link web tools.)
- 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 2019 [UnitedHealthcare Care Provider Administrative Guide](#) available on UHCprovider.com.

Optum Fertility Solutions Infertility Guideline

On March 4, 2019, the following revisions will take effect for the Infertility Medical Necessity Clinical Guideline:

- The definition of infertility will be expanded
- Gestational carrier information will be added
- The age timeline for Assisted Reproductive Technologies (ART) will be updated
- Information on when natural cycle IVF is not indicated will be updated

The revised clinical guideline can be accessed at UHCprovider.com/en/policies-protocols/clinical-guidelines.html?rfid=UHCOCntrRD.

[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 [November 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		
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan — Site Of Care	URG	Jan. 1, 2019
Negative Pressure Wound Therapy	Medical	Jan. 1, 2019
Therapeutic Radiopharmaceuticals	Medical	Jan. 1, 2019
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Medical	Dec. 1, 2018
Alpha₁-Proteinase Inhibitors	Drug	Nov. 1, 2018
Apheresis	Medical	Nov. 1, 2018
Athletic Pubalgia Surgery	Medical	Nov. 1, 2018
Autologous Chondrocyte Transplantation in the Knee	Medical	Nov. 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical	Nov. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Medical	Nov. 1, 2018
Breast Reconstruction Post Mastectomy	CDG	Nov. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Nov. 1, 2018
Bronchial Thermoplasty	Medical	Nov. 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Drug	Nov. 1, 2018
Carrier Testing for Genetic Diseases	Medical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Chelation Therapy for Non-Overload Conditions	Medical	Nov. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Medical	Nov. 1, 2018
Clotting Factors and Coagulant Blood Products	Drug	Nov. 1, 2018
Cochlear Implants	Medical	Nov. 1, 2018
Cognitive Rehabilitation	Medical	Nov. 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	Medical	Nov. 1, 2018
Computerized Dynamic Posturography	Medical	Nov. 1, 2018
Corneal Hysteresis and Intraocular Pressure Measurement	Medical	Nov. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Medical	Nov. 1, 2018
Denosumab (Prolia® & Xgeva®)	Drug	Nov. 1, 2018
Discogenic Pain Treatment	Medical	Nov. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Medical	Nov. 1, 2018
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Medical	Nov. 1, 2018
Enzyme Replacement Therapy	Drug	Nov. 1, 2018
Epidural Steroid and Facet Injections for Spinal Pain	Medical	Nov. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Medical	Nov. 1, 2018
Fecal Calprotectin Testing	Medical	Nov. 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	Nov. 1, 2018
Gender Dysphoria Treatment	Medical	Nov. 1, 2018
Gene Expression Tests for Cardiac Indications	Medical	Nov. 1, 2018
Genetic Testing for Hereditary Cancer	Medical	Dec. 1, 2018
Glaucoma Surgical Treatments	Medical	Nov. 1, 2018
Gonadotropin Releasing Hormone Analogs	Drug	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Dec. 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Medical	Nov. 1, 2018
Home Traction Therapy	Medical	Nov. 1, 2018
Ilaris® (Canakinumab)	Drug	Nov. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	Nov. 1, 2018
Implanted Electrical Stimulator for Spinal Cord	Medical	Dec. 1, 2018
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Medical	Nov. 1, 2018
Intrauterine Fetal Surgery	Medical	Nov. 1, 2018
Laser Interstitial Thermal Therapy	Medical	Nov. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Medical	Nov. 1, 2018
Macular Degeneration Treatment Procedures	Medical	Nov. 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Medical	Nov. 1, 2018
Manipulation Under Anesthesia	Medical	Nov. 1, 2018
Manipulative Therapy	Medical	Nov. 1, 2018
Meniscus Implant and Allograft	Medical	Nov. 1, 2018
Motorized Spinal Traction	Medical	Nov. 1, 2018
Neuropsychological Testing Under the Medical Benefit	Medical	Nov. 1, 2018
Obstructive Sleep Apnea Treatment	Medical	Jan. 1, 2019
Occipital Neuralgia and Headache Treatment	Medical	Nov. 1, 2018
Ocrevus™ (Ocrelizumab)	Drug	Nov. 1, 2018
Omnibus Codes	Medical	Jan. 1, 2019
Outpatient Cardiac Telemetry	Medical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Commercial](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Pharmacogenetic Testing	Medical	Nov. 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	Medical	Nov. 1, 2018
Preterm Labor Management	Medical	Nov. 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	Nov. 1, 2018
Skin and Soft Tissue Substitutes	Medical	Nov. 1, 2018
Sodium Hyaluronate	Medical	Jan. 1, 2019
Spinal Ultrasonography	Medical	Nov. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	Nov. 1, 2018
Thermography	Medical	Nov. 1, 2018
Total Artificial Disc Replacement for the Spine	Medical	Nov. 1, 2018
Total Artificial Heart	Medical	Nov. 1, 2018
Transpupillary Thermotherapy	Medical	Nov. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Medical	Nov. 1, 2018
White Blood Cell Colony Stimulating Factors	Drug	Nov. 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.

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

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. 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. >

[New Vitamin D Testing Reimbursement Policy](#)

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence. The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy. >

UnitedHealthcare Community Plan Reimbursement Policy:

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: [UHCprovider.com](#) > Menu > [Health Plans by State](#) > [\[Select State\]](#) > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters. We encourage you

to regularly visit this site to view reimbursement policy updates.

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

[UnitedHealthcare Reimbursement Policies](#)

Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. 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 date listed in the chart below:

State	Effective Dates of Service
California	Jan. 15, 2019

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



To read the policy, please visit UHCprovider.com > For Health Care Professionals > (select state) > Reimbursement Policies.

[UnitedHealthcare Reimbursement Policies](#)

New Vitamin D Testing Reimbursement Policy

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence.

Prevailing clinical evidence only considers Vitamin D testing to be clinically appropriate if it's done when the member is diagnosed with certain medical conditions. In those cases, members are limited to four tests annually.

The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy.

We regularly publish bulletins to explain the latest reimbursement policy and coverage updates for UnitedHealthcare Community Plan. You can find a list of these policies at [UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > **Reimbursement Policies for Community Plan.**](#)



If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate.



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



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

[Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana](#)

Effective Feb. 1, 2019, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. >

[UnitedHealthcare Community Plan](#)

Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana

Effective Feb. 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests.

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

Prior authorization will continue to be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors:
 - Filgrastim (Neupogen®) J1442
 - Filgrastim-aafi (Nivestym™) Q5110
 - Filgrastim-sndz (Zarxio®) Q5101
 - Pegfilgrastim (Neulasta®) J2505

- Pegfilgrastim-jmdb (Fulphila™) Q5108
- Sargramostim (Leukine®) J2820
- Tbo-filgrastim (Granix®) J1447
- Denosumab (Brand names Xgeva and Prolia): J0897

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

For UnitedHealthcare Community Plan in Louisiana, if the member receives injectable chemotherapy drugs in an outpatient setting from Nov. 1, 2018 through Jan. 31, 2019, you DO NOT need to submit a prior authorization request until a new chemotherapy drug will be administered. We’ll authorize the chemotherapy regimen the member was receiving prior to Feb. 1, 2019, and the authorization will be effective until Jan. 31, 2020, unless a change in treatment is needed.

[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 [November 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
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Medical	Jan. 1, 2019
Alpha₁-Proteinase Inhibitors	Drug	Nov. 1, 2018
Apheresis	Medical	Nov. 1, 2018
Athletic Pubalgia Surgery	Medical	Nov. 1, 2018
Autologous Chondrocyte Transplantation in the Knee	Medical	Nov. 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical	Nov. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Medical	Nov. 1, 2018
Breast Reconstruction Post Mastectomy	CDG	Nov. 1, 2018
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Nov. 1, 2018
Bronchial Thermoplasty	Medical	Nov. 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Drug	Nov. 1, 2018
Chelation Therapy for Non-Overload Conditions	Medical	Nov. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Medical	Nov. 1, 2018
Chromosome Microarray Testing (Non-Oncology Conditions)	Medical	Nov. 1, 2018
Cochlear Implants	Medical	Nov. 1, 2018
Cognitive Rehabilitation	Medical	Nov. 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	Medical	Nov. 1, 2018
Computerized Dynamic Posturography	Medical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Community Plan](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Corneal Hysteresis and Intraocular Pressure Measurement	Medical	Nov. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Medical	Nov. 1, 2018
Denosumab (Prolia® & Xgeva®)	Drug	Nov. 1, 2018
Discogenic Pain Treatment	Medical	Nov. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	Nov. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Medical	Nov. 1, 2018
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Medical	Nov. 1, 2018
Enzyme Replacement Therapy	Drug	Nov. 1, 2018
Epidural Steroid and Facet Injections for Spinal Pain	Medical	Nov. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Medical	Nov. 1, 2018
Fecal Calprotectin Testing	Medical	Nov. 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	Nov. 1, 2018
Gender Dysphoria Treatment	Medical	Nov. 1, 2018
Gene Expression Tests for Cardiac Indications	Medical	Nov. 1, 2018
Genetic Testing for Hereditary Cancer	Medical	Jan. 1, 2019
Glaucoma Surgical Treatments	Medical	Nov. 1, 2018
Gonadotropin Releasing Hormone Analogs	Drug	Nov. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Jan. 1, 2019
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Medical	Nov. 1, 2018
Home Traction Therapy	Medical	Nov. 1, 2018
Ilaris® (Canakinumab)	Drug	Nov. 1, 2018
Immune Globulin (IVIG and SCIG)	Drug	Nov. 1, 2018
Implanted Electrical Stimulator for Spinal Cord	Medical	Jan. 1, 2019
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Medical	Nov. 1, 2018
Intrauterine Fetal Surgery	Medical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Community Plan](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Laser Interstitial Thermal Therapy	Medical	Nov. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Medical	Nov. 1, 2018
Macular Degeneration Treatment Procedures	Medical	Nov. 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Medical	Nov. 1, 2018
Manipulation Under Anesthesia	Medical	Nov. 1, 2018
Manipulative Therapy	Medical	Nov. 1, 2018
Meniscus Implant and Allograft	Medical	Nov. 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	Jan. 1, 2019
Motorized Spinal Traction	Medical	Nov. 1, 2018
Neurophysiologic Testing and Monitoring	Medical	Jan. 1, 2019
Neuropsychological Testing Under the Medical Benefit	Medical	Nov. 1, 2018
Obstructive Sleep Apnea Treatment	Medical	Jan. 1, 2019
Occipital Neuralgia and Headache Treatment	Medical	Nov. 1, 2018
Ocrevus™ (Ocrelizumab)	Drug	Nov. 1, 2018
Omnibus Codes	Medical	Jan. 1, 2019
Outpatient Cardiac Telemetry	Medical	Nov. 1, 2018
Pharmacogenetic Testing	Medical	Nov. 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	Medical	Nov. 1, 2018
Preterm Labor Management	Medical	Nov. 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	Nov. 1, 2018
Skin and Soft Tissue Substitutes	Medical	Nov. 1, 2018
Sodium Hyaluronate	Medical	Jan. 1, 2019
Spinal Ultrasonography	Medical	Nov. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Community Plan](#)

< CONTINUED

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Thermography	Medical	Nov. 1, 2018
Total Artificial Disc Replacement for the Spine	Medical	Nov. 1, 2018
Total Artificial Heart	Medical	Nov. 1, 2018
Transpupillary Thermotherapy	Medical	Nov. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Medical	Nov. 1, 2018
White Blood Cell Colony Stimulating Factors	Drug	Nov. 1, 2018
Whole Exome and Whole Genome Sequencing	Medical	Jan. 1, 2019

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



UnitedHealthcare Medicare Advantage

Learn about Medicare Advantage policy, reimbursement and guideline changes.

[Prior Authorization for Post-Acute Inpatient Care Required for Medicare Advantage Members](#)

Beginning Jan. 1, 2019, facilities providing post-acute inpatient services will need to request prior authorization, and receive a determination, before UnitedHealthcare Medicare Advantage plan members can be admitted to one of the following types of facilities, or a post-acute care bed in one of the following types of facilities: acute inpatient rehabilitation, long-term acute care hospitals, skilled nursing facilities, critical access hospitals an acute care hospitals. >

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

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the

UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

[Peer to Peer Clarification](#)

Based on Centers for Medicare & Medicaid Services (CMS) regulations about adverse determinations, UnitedHealthcare Medicare Advantage is unable to change or reverse an adverse determination once the decision has been documented. Care providers are offered a post-decision discussion with a medical director. However, a reverse or change of the adverse determination cannot be made with a discussion; it must be formally appealed. >

[Cost-Share Billing Reminder for UnitedHealthcare's Medicare Advantage Programs](#)

UnitedHealthcare Medicare Advantage (MA) members are only responsible for applicable cost sharing associated with their benefit plans. However, there are specific rules for MA members who are also eligible for Medicaid and qualify for a Dual Special Needs Plan (DSNP). >

[UnitedHealthcare Medicare Advantage Policy Guideline Updates](#)

[UnitedHealthcare Medicare Advantage Coverage Summary Updates](#)

[UnitedHealthcare Medicare Advantage](#)

Prior Authorization for Post-Acute Inpatient Care Required for Medicare Advantage Members

As part of our commitment to the Triple Aim of better quality, improved health outcomes and better cost for our members, we regularly evaluate our policies using objective, evidence-based criteria to guide coverage decisions and support patient care

Beginning Jan. 1, 2019, facilities providing post-acute inpatient services will need to request prior authorization, and receive a determination, before UnitedHealthcare Medicare Advantage plan members can be admitted to one of the following types of facilities, or a post-acute care bed in one of the following types of facilities:

- Acute inpatient rehabilitation
- Long-term acute care hospitals
- Skilled nursing facilities
- Critical access hospitals
- Acute care hospitals

This change applies to members enrolled in all UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Eligible Special Needs Plans (DSNP).

What This Means for You

If you're a participating care provider, we may deny claims if one of these members is admitted to your facility without an approved prior authorization request. Claims will also be denied if your prior authorization request is denied. Prior authorization is not required for emergency or urgent care for members with emergency medical conditions. If you're a non-participating care provider, we encourage you to request prior authorization.

How to Submit a Prior Authorization Request

It's easy to request prior authorization using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com/paan to get started. Clinical information can be uploaded through the tool. If you're unable to use the Prior Authorization and Notification tool on Link you can call **877-842-3210**.

If you use the Prior Authorization and Notification tool, you'll be asked a series of questions that can help streamline the review process. You'll also receive a reference number that you use to track the status of your request. This reference number is not a determination of coverage or a guarantee of payment. If you call in your request, we'll let you know if clinical information is required.

What Happens Next

Once you've submitted a prior authorization request, our nurses and medical directors will review the information and make a coverage determination. We'll call you once we've made a decision. Please note that this change doesn't affect admission notification requirements. You're still required to provide admission notification according to our Admission Notification protocol. Payment penalties will remain in effect for late admission notifications.



For more information about admission notification, go to UHCprovider.com/guides.

[UnitedHealthcare Medicare Advantage](#)

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

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol.

Once we're notified of a radiology or cardiology service that's 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:

- Diagnostic catheterizations
- Electrophysiology implant procedures (including inpatient)
- Nuclear cardiology
- Nuclear medicine
- Positron-Emission Tomography (PET)
- 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](https://www.uhcprovider.com/Radiology) > Specific Radiology Programs.
- **For cardiology services:** [UHCprovider.com/Cardiology](https://www.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).

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](https://www.uhcprovider.com/radiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access Link.)
- Go to [UHCprovider.com/cardiology](https://www.uhcprovider.com/cardiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access Link.)

CONTINUED >

[UnitedHealthcare Medicare Advantage](#)

< CONTINUED

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

- 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 [2019 UnitedHealthcare Care Provider Administrative Guide](#) available on UHCprovider.com.

Peer to Peer Clarification

Based on Centers for Medicare & Medicaid Services (CMS) regulations about adverse determinations, UnitedHealthcare Medicare Advantage is unable to change or reverse an adverse determination once the decision has been documented. Care providers are offered a post-decision discussion with a medical director. However, a reverse or change of the adverse determination cannot be made with a discussion; it must be formally appealed.

We're providing terminology clarification for care providers related to this issue:

- Peer to Peer — A discussion with the medical director in which additional information is obtained that may change an adverse determination. A peer to peer discussion can only occur before a decision is documented.
- Post Decision Discussion — A discussion with the medical director for information purposes only and that will not change the documented adverse denial determination.

[UnitedHealthcare Medicare Advantage](#)

Cost-Share Billing Reminder for UnitedHealthcare's Medicare Advantage Programs

UnitedHealthcare Medicare Advantage (MA) members are only responsible for applicable cost sharing associated with their benefit plans. However, there are specific rules for MA members who are dual eligible – meaning a MA member who is: (a) eligible for Medicaid; and (b) for whom the state (Medicaid agency) is responsible for paying Medicare Part A and B cost sharing.

Qualified Medicare Beneficiaries (QMB) are a type of dual eligible member and are not responsible for the applicable Medicare cost sharing associated with their benefit plans as defined by the Centers for Medicare & Medicaid Services (CMS). Be advised that other MA members may qualify as a dual eligible and are also not responsible for the applicable Medicare cost sharing associated with their benefit plans. Medicare cost sharing includes deductibles, coinsurance and co-payments under Medicare Advantage programs. Care providers cannot bill, charge or collect a deposit from or seek compensation from these individuals. Care providers can accept payment from us as payment in full or bill Medicaid for the remaining amount.



For more information, go to Chapter 10: Compensation in the 2018 Provider Administrative Guide located at UHCprovider.com > Menu > Administrative Guides and Manuals > [2018 UnitedHealthcare Administrative Guide](#).

[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Policy Guideline Updates

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

Policy Title
UPDATED/REVISED (Approved on Oct. 10, 2018)
Ambulatory Blood Pressure Monitoring (NCD 20.19)
Ambulatory EEG Monitoring (NCD 160.22)
Anzemet for Chemotherapy Induced Nausea
Aprepitant for Chemotherapy-Induced Emesis (NCD 110.18)
Biomarkers in Cardiovascular Risk Assessment
Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) (NCD 20.16)
Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)
Certain Drugs Distributed by the National Cancer Institute (NCD 110.2)
Chemical Aversion Therapy for Treatment of Alcoholism (NCD 130.3)
Colorectal Cancer Screening Tests (NCD 210.3)
Diagnostic Pap Smears (NCD 190.2)
Dimethyl Sulfoxide (DMSO) (NCD 230.12)
Electrical Aversion Therapy for Treatment of Alcoholism (NCD 130.4)
Granulocyte Transfusions (NCD 110.5)
Hyperthermia for Treatment of Cancer (NCD 110.1)
Inpatient Hospital Stays for Treatment of Alcoholism (NCD 130.1)
Laetrile and Related Substances (NCD 30.7)
Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (NCD 110.16)

CONTINUED >

UnitedHealthcare Medicare Advantage

< CONTINUED

UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on Oct. 10, 2018)
Outpatient Hospital Services for Treatment of Alcoholism (NCD 130.2)
Podiatry
Retinal Prosthesis
Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (NCD 210.2)
Self-Administered Drug(s) (SAD)
Spinal Cord Stimulators for Chronic Pain
Surgical or Other Invasive Procedure Performed on the Wrong Body Part (NCD 140.7)
Surgical or Other Invasive Procedure Performed on the Wrong Patient (NCD 140.8)
Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (NCD 130.5)
Treatment of Drug Abuse (Chemical Dependency) (NCD 130.6)
Treatment of Psoriasis (NCD 250.1)
Ventricular Assist Devices (NCD 20.9.1)
Withdrawal Treatments for Narcotic Addictions (NCD 130.7)
Wrong Surgical or Other Invasive Procedure Performed on a Patient (NCD 140.6)
RETIRED (Approved on Oct. 10, 2018)
Abarelix for the Treatment of Prostate Cancer (NCD 110.19)
Interferon

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

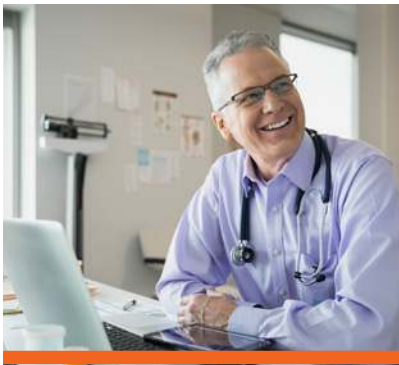
Policy Title
UPDATED/REVISED (Approved on Oct. 16, 2018)
Abortion
Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation
Blood, Blood Products and Related Procedures and Drugs
Change in Membership Status while Hospitalized (Acute, LTC and SNF) or Receiving Home Health
Chemotherapy, and Associated Drugs and Treatments
Court, Attorney or Agency Requested Services
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Emergent/Urgent Services, Post-Stabilization Care and Out-of-Area Services
Medications/Drugs (Outpatient/Part B)
Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services
Stimulators: Electrical and Spinal Cord Stimulators
Ventricular Assist Device (VAD) and Artificial Heart
Wound Treatments

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



UnitedHealthcare Affiliates

Learn about updates with our company partners.



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

[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. >

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



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

[UnitedHealthcare Affiliates](#)

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [November 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		
Intraoperative Neuromonitoring	Reimbursement	Jan. 1, 2019
Par Surgeons Using Non-Par Assistant Surgeons and Co-Surgeons	Reimbursement	Jan. 1, 2019
UPDATED/REVISED		
Abnormal Uterine Bleeding and Uterine Fibroids	Clinical	Dec. 1, 2018
Accreditation Requirements for Radiology Services	Administrative	Dec. 1, 2018
Alpha₁-Proteinase Inhibitors	Clinical	Nov. 1, 2018
Ambulance	Reimbursement	Oct. 22, 2018
Apheresis	Clinical	Nov. 1, 2018
Assistant Surgeon	Reimbursement	Dec. 1, 2018
Assisted Administration of Clotting Factors and Coagulant Blood Products	Clinical	Nov. 1, 2018
Athletic Pubalgia Surgery	Clinical	Nov. 1, 2018
Behavioral Health Services	Administrative	Dec. 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	Clinical	Nov. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Clinical	Nov. 1, 2018
Bronchial Thermoplasty	Clinical	Nov. 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Clinical	Dec. 1, 2018
Carrier Testing for Genetic Diseases	Clinical	Nov. 1, 2018
Chelation Therapy for Non-Overload Conditions	Clinical	Nov. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Clinical	Nov. 1, 2018
Clotting Factors and Coagulant Blood Products	Clinical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Clotting Factors and Coagulant Blood Products	Clinical	Dec. 1, 2018
Clotting Factors and Coagulant Blood Products	Clinical	Feb. 1, 2019
Cochlear Implants	Clinical	Nov. 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	Clinical	Nov. 1, 2018
Computerized Dynamic Posturography	Clinical	Nov. 1, 2018
Corneal Hysteresis and Intraocular Pressure Measurement	Clinical	Nov. 1, 2018
Co-Surgeon/Team Surgeon	Reimbursement	Dec. 1, 2018
Co-Surgeon/Team Surgeon (CES)	Reimbursement	Dec. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Clinical	Nov. 1, 2018
Denosumab (Prolia® & Xgeva®)	Clinical	Dec. 1, 2018
Discogenic Pain Treatment	Clinical	Nov. 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Dec. 1, 2018
Drug Coverage Guidelines	Clinical	Nov. 1, 2018
Drug Coverage Guidelines	Clinical	Dec. 1, 2018
Electric Tumor Treatment Field Therapy	Clinical	Dec. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Clinical	Nov. 1, 2018
Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business	Clinical	Nov. 1, 2018
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Clinical	Nov. 1, 2018
Enzyme Replacement Therapy	Clinical	Dec. 1, 2018
Epidural Steroid and Facet Injections for Spinal Pain	Clinical	Nov. 1, 2018
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Clinical	Nov. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Clinical	Nov. 1, 2018
Fecal Calprotectin Testing	Clinical	Nov. 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Clinical	Dec. 1, 2018
Gender Dysphoria Treatment	Clinical	Nov. 1, 2018
Gene Expression Tests for Cardiac Indications	Clinical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Glaucoma Surgical Treatments	Clinical	Nov. 1, 2018
Global Days	Reimbursement	Nov. 12, 2018
Global Days	Reimbursement	Dec. 1, 2018
Gonadotropin Releasing Hormone Analogs	Clinical	Nov. 1, 2018
Gonadotropin Releasing Hormone Analogs	Clinical	Dec. 1, 2018
Gonadotropin Releasing Hormone Analogs	Clinical	Feb. 1, 2019
Home Traction Therapy	Clinical	Nov. 1, 2018
Ilaris® (Canakinumab)	Clinical	Nov. 1, 2018
Immune Globulin (IVIG and SCIG)	Clinical	Nov. 1, 2018
Immune Globulin (IVIG and SCIG)	Clinical	Dec. 1, 2018
Immune Globulin (IVIG and SCIG)	Clinical	Feb. 1, 2019
Injection and Infusion Services	Reimbursement	Nov. 12, 2018
Injection and Infusion Services (CES)	Reimbursement	Nov. 12, 2018
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Clinical	Nov. 1, 2018
Intrauterine Fetal Surgery	Clinical	Nov. 1, 2018
Laser Interstitial Thermal Therapy	Clinical	Nov. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Clinical	Nov. 1, 2018
Lyme Disease	Clinical	Dec. 1, 2018
Macular Degeneration Treatment Procedures	Clinical	Nov. 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Clinical	Nov. 1, 2018
Manipulation Under Anesthesia	Clinical	Nov. 1, 2018
Manipulative Therapy	Clinical	Nov. 1, 2018
Maximum Frequency Per Day	Reimbursement	Nov. 12, 2018
Maximum Frequency Per Day	Reimbursement	Dec. 1, 2018
Maximum Frequency Per Day (CES)	Reimbursement	Nov. 12, 2018
Maximum Frequency Per Day (CES)	Reimbursement	Dec. 1, 2018
Meniscus Implant and Allograft	Clinical	Nov. 1, 2018
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)	Clinical	Dec. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Motorized Spinal Traction	Clinical	Nov. 1, 2018
Neurophysiologic Testing and Monitoring	Clinical	Dec. 1, 2018
Neuropsychological Testing Under the Medical Benefit	Clinical	Nov. 1, 2018
Obstetrical Policy	Reimbursement	Nov. 12, 2018
Occipital Neuralgia and Headache Treatment	Clinical	Nov. 1, 2018
Ocrevus™ (Ocrelizumab)	Clinical	Dec. 1, 2018
Outpatient Cardiac Telemetry	Clinical	Nov. 1, 2018
Oxford's Outpatient Imaging Self-Referral	Clinical	Dec. 1, 2018
Pharmacogenetic Testing	Clinical	Nov. 1, 2018
Physician Extenders	Reimbursement	Dec. 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	Clinical	Nov. 1, 2018
Preterm Labor Management	Clinical	Nov. 1, 2018
Procedure and Place of Service	Reimbursement	Dec. 1, 2018
Prolotherapy for Musculoskeletal Indications	Clinical	Nov. 1, 2018
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Clinical	Dec. 1, 2018
Supply Policy	Reimbursement	Nov. 12, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Clinical	Nov. 1, 2018
Telehealth and Telemedicine	Reimbursement	Dec. 1, 2018
Telehealth and Telemedicine (CES)	Reimbursement	Dec. 1, 2018
Telemedicine	Reimbursement	Nov. 1, 2018
Thermography	Clinical	Nov. 1, 2018
Total Artificial Disc Replacement for the Spine	Clinical	Nov. 1, 2018
Total Artificial Heart	Clinical	Nov. 1, 2018
Transcatheter Heart Valve Procedures	Clinical	Dec. 1, 2018
Transpupillary Thermotherapy	Clinical	Nov. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Clinical	Nov. 1, 2018
Unicondylar Spacer Devices for Treatment of Pain or Disability	Clinical	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Clinical	Dec. 1, 2018
Warming Therapy and Ultrasound Therapy for Wounds	Clinical	Dec. 1, 2018
White Blood Cell Colony Stimulating Factors	Clinical	Nov. 1, 2018
White Blood Cell Colony Stimulating Factors	Clinical	Dec. 1, 2018
White Blood Cell Colony Stimulating Factors	Clinical	Feb. 1, 2019

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

[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 UHCprovider.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](#)

UnitedHealthcare West Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [November 2018 UnitedHealthcare West Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

Policy Title	Effective Date
NEW	
Negative Pressure Wound Therapy	Jan. 1, 2019
Therapeutic Radiopharmaceuticals	Jan. 1, 2019
UPDATED/REVISED	
Ablative Treatment for Spinal Pain	Dec. 1, 2018
Apheresis	Nov. 1, 2018
Athletic Pubalgia Surgery	Nov. 1, 2018
Autologous Chondrocyte Transplantation in the Knee	Nov. 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	Nov. 1, 2018
Breast Imaging for Screening and Diagnosing Cancer	Nov. 1, 2018
Breast Reconstruction Post Mastectomy	Nov. 1, 2018
Bronchial Thermoplasty	Nov. 1, 2018
Carrier Testing for Genetic Diseases	Nov. 1, 2018
Chelation Therapy for Non-Overload Conditions	Nov. 1, 2018
Chemosensitivity and Chemoresistance Assays in Cancer	Nov. 1, 2018
Cochlear Implants	Nov. 1, 2018
Cognitive Rehabilitation	Nov. 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

UnitedHealthcare West Medical Management Guideline Updates

Policy Title	Effective Date
UPDATED/REVISED	
Computerized Dynamic Posturography	Nov. 1, 2018
Corneal Hysteresis and Intraocular Pressure Measurement	Nov. 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Nov. 1, 2018
Discogenic Pain Treatment	Nov. 1, 2018
Electrical Bioimpedance for Cardiac Output Measurement	Nov. 1, 2018
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Nov. 1, 2018
Epidural Steroid and Facet Injections for Spinal Pain	Nov. 1, 2018
Extracorporeal Shock Wave Therapy (ESWT)	Nov. 1, 2018
Fecal Calprotectin Testing	Nov. 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Nov. 1, 2018
Gender Dysphoria Treatment Excluding California	Nov. 1, 2018
Gene Expression Tests for Cardiac Indications	Nov. 1, 2018
Genetic Testing for Hereditary Cancer	Dec. 1, 2018
Glaucoma Surgical Treatments	Nov. 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Dec. 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Nov. 1, 2018
Home Traction Therapy	Nov. 1, 2018
Hospital Readmissions	Nov. 1, 2018
Implanted Electrical Stimulator for Spinal Cord	Dec. 1, 2018
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Nov. 1, 2018
Intrauterine Fetal Surgery	Nov. 1, 2018
Laser Interstitial Thermal Therapy	Nov. 1, 2018
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	Nov. 1, 2018
Macular Degeneration Treatment Procedures	Nov. 1, 2018
Magnetic Resonance Spectroscopy (MRS)	Nov. 1, 2018
Manipulation Under Anesthesia	Nov. 1, 2018

CONTINUED >

[UnitedHealthcare Affiliates](#)

< CONTINUED

UnitedHealthcare West Medical Management Guideline Updates

Policy Title	Effective Date
UPDATED/REVISED	
Manipulative Therapy	Nov. 1, 2018
Meniscus Implant and Allograft	Nov. 1, 2018
Motorized Spinal Traction	Nov. 1, 2018
Neuropsychological Testing Under the Medical Benefit	Nov. 1, 2018
Obstructive Sleep Apnea Treatment	Jan. 1, 2019
Occipital Neuralgia and Headache Treatment	Nov. 1, 2018
Omnibus Codes	Jan. 1, 2019
Outpatient Cardiac Telemetry	Nov. 1, 2018
Pharmacogenetic Testing	Nov. 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	Nov. 1, 2018
Preterm Labor Management	Nov. 1, 2018
Prolotherapy for Musculoskeletal Indications	Nov. 1, 2018
Skin and Soft Tissue Substitutes	Nov. 1, 2018
Sodium Hyaluronate	Jan. 1, 2019
Spinal Ultrasonography	Nov. 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Nov. 1, 2018
Thermography	Nov. 1, 2018
Total Artificial Disc Replacement for the Spine	Nov. 1, 2018
Total Artificial Heart	Nov. 1, 2018
Transpupillary Thermotherapy	Nov. 1, 2018
Umbilical Cord Blood Harvesting and Storage for Future Use	Nov. 1, 2018

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

[UnitedHealthcare Affiliates](#)

UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [November 2018 UnitedHealthcare West Benefit Interpretation Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins](#).

Policy Title
UPDATED/REVISED (Effective Dec. 1, 2018)
Chemotherapy
Dental Care and Oral Surgery
Diagnostic and Therapeutic Radiology Services
Emergency and Urgent Services
Enteral and Oral Nutrition Therapy
Inpatient and Outpatient Mental Health
Maternity and Newborn Care
Parenteral Therapy

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](#)

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide. >

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

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. 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. >

[New Vitamin D Testing Reimbursement Policy](#)

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence. The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy. >

[Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana](#)

Effective Feb. 1, 2019, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. >

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

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

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

Doc#: PCA-1-012967-11082018_11122018

CPT® is a registered trademark of the American Medical Association

© 2018 United HealthCare Services, Inc.