

APRIL 2019

# 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 18](#)



## UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

[PAGE 24](#)



## UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[PAGE 28](#)



## UnitedHealthcare Medicare Advantage

Learn about Medicare policy, reimbursement and guideline changes.

[PAGE 36](#)



## UnitedHealthcare Affiliates

Learn about updates with our company partners.

[PAGE 40](#)



## State News

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

[PAGE 47](#)



# Front & Center

Stay up to date with the latest news and information.

## [Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members](#)

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

## [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. >



## [More Fax Numbers Used for Medical Prior Authorization Will Retire July 1, 2019](#)

As we continue moving administrative tasks online, another group of fax numbers used for medical prior authorization will retire on July 1, 2019. >

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

## [Congratulations to Our Go Paperless Sweepstakes Winners! Enter Today for Your Chance to Win \\$500](#)

Our first two Go Paperless Sweepstakes winners hail from Florida and Minnesota. Could you be next? Go Paperless now for your chance to win. >

## [New Prior Authorization Requirement for In Patient Cerebral Seizure Video EEG Monitoring](#)

As a reminder, on April 1, 2019, UnitedHealthcare will begin requiring prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring for our fully insured UnitedHealthcare commercial members. UnitedHealthcare Medicare Advantage members will not be part of this requirement as previously communicated. Beginning July 1, 2019, this requirement will take effect for UnitedHealthcare Community Plan members in California, Florida, Hawaii, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia and Washington. >



# Front & Center

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## [Prior Authorization Required for Therapeutic Radiopharmaceuticals](#)

Effective May 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Maryland, Michigan, Mississippi, Nebraska, Ohio, Rhode Island, Texas, Washington and Wisconsin. Beginning April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceuticals for UnitedHealthcare commercial members will change. >

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

[Front & Center](#)

# Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

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

## What's Changing for UnitedHealthcare Commercial Plans

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

### Drugs requiring notification/prior authorization

For dates of service on or after July 1, 2019, we'll require notification/prior authorization for the following medications:

- **Ultomiris (ravulizumab)™** – The U.S. Food and Drug Administration (FDA) approved Ultomiris for the treatment of paroxysmal nocturnal hemoglobinuria (PNH). If Ultomiris is requested in the outpatient hospital setting, this site of care will be reviewed for medical necessity.
- **Rebiny®** – The FDA approved Rebiny for the treatment of hemophilia.
- **Fibryga®** – The FDA approved Fibryga for the treatment of congenital fibrinogen deficiency.

**Ultomiris** has been added to the **Review at Launch Medication List** for UnitedHealthcare commercial plans at [UHCprovider.com/content/dam/provider/docs/public/policies/attachments/review-at-launch-medication-list.pdf](https://UHCprovider.com/content/dam/provider/docs/public/policies/attachments/review-at-launch-medication-list.pdf) through the *Review at Launch for New to Market Medications* drug policy. We encourage you to request prior authorization whether a drug is subject to prior authorization requirements or not so you can check whether a medication is covered before providing services. If you request prior authorization, you must wait for our determination before rendering services.

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

All codes that would be used to bill for Ultomiris will require prior authorization, including any Q or C codes that the Centers for Medicare & Medicaid Services (CMS) may assign to this medication.

[CONTINUED >](#)

[Front & Center](#)

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## Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

### What's Changing for UnitedHealthcare Community Plan Updates to medical policy

Effective June 1, 2019, our infliximab policy will be updated to require use of Inflectra and Renflexis prior to use of Remicade. Current authorizations for Remicade will be honored through their end date. Upon authorization renewal, the updated policy will apply. Care providers are encouraged to begin using Inflectra or Renflexis for members prescribed infliximab therapy.

#### Prior authorization updates

For dates of service on or after July 1, 2019, we'll require prior authorization for the following drugs for UnitedHealthcare Community Plan members:

- **Ultomiris**

**Ultomiris** has been added to the **Review at Launch Drug List** for UnitedHealthcare Community Plan. The list is located at [UHCprovider.com/en/policies-protocols/comm-planmedicaid-policies/medicaid-community-state-policies.html](http://UHCprovider.com/en/policies-protocols/comm-planmedicaid-policies/medicaid-community-state-policies.html) through the *Review at Launch for New to Market Medications* drug policy.

All codes used to bill for **Ultomiris** will require prior authorization, including any Q or C codes that CMS may assign to this medication. If **Ultomiris** is currently not covered in a state (due to the state agency's review of the drug), but then becomes covered, prior authorization will be required.

Beginning July 1, 2019, we'll also require prior authorization for the following drugs for UnitedHealthcare Community Plan members in certain states:

State	Drug	Program
Florida (MMA product)*	Exondys-51	Prior Authorization
Iowa	Sublocade	Prior Authorization
	Actemra	
	Entyvio	
Louisiana	Infliximab (Inflectra, Remicade, Renflexis)	Prior Authorization
	Orencia	
	Simponi Aria	

\*Florida Healthy Kids has required prior authorization for Exondys-51 since July 2017

For dates of service before July 1, 2019, we encourage you to request pre-service coverage reviews so you can check whether a medication is covered before providing services. If you request a pre-service coverage review, you must wait for our determination before rendering the service.

Coverage of these products is also dependent on state Medicaid program decisions. Certain state Medicaid programs may choose to cover a drug through the state's fee-for-service program and not managed care organizations such as UnitedHealthcare or they may provide other coverage guidelines and protocols. We encourage you to verify benefits for patients before submitting the prior authorization request or administering the medication.

CONTINUED >

## [Front & Center](#)

< CONTINUED

# Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

## What's Changing for UnitedHealthcare Medicare Advantage Plans

For dates of service on or after July 1, 2019, we'll require prior authorization for the following medications for members enrolled in UnitedHealthcare Medicare Advantage Plans, including UnitedHealthcare Dual Complete Plans, UnitedHealthcare Connected Plans, Medica and Preferred Care Partners of Florida groups:

- **Soliris**
- **Ultomiris**

Beginning April 1, 2019, **Ultomiris** will be added as a Review at Launch (RAL) Part B medication in the Medications/Drugs (Outpatient/Part B) Coverage Summary. To help avoid coverage gaps in the event that a prior authorization program becomes effective at a later date, care providers are encouraged to request a pre-service organization determination for Part B medications new to market, have not yet undergone review by UnitedHealthcare and for which a utilization management strategy has not been established (e.g., RAL Part B Medications). These RAL Part B medications are identified in the [Medications/Drugs \(Outpatient/Part B\)](#) at Attachment A: Guideline 5 – Other Examples of Specific Drugs/Medications.

[Front & Center](#)

# Changes in Advance Notification and Prior Authorization Requirements

## Correction to Code Additions to Prior Authorization published in January Network Bulletin

For dates of service on or after **July 1, 2019**, (changed from April 1, 2019) a new code will be added to prior authorization for the following plans: **UnitedHealthcare Commercial Plans** (UnitedHealthcare Mid-Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne, UnitedHealthcare Commercial, UnitedHealthcare of the River Valley and UnitedHealthcare West):

Category	Code
Durable Medical Equipment (DME)	E0986

## Correction to Code Additions to Prior Authorization published in February Network Bulletin

The following codes will not require prior authorization for **UnitedHealthcare Community Plans of Nebraska**:

Category	Codes
Nutritional – Enterals	B4034-B4036, B4100, B4102-B4104, B4149, B4150, B4152, B4153, B4155, B4158-B4161

The following codes for **UnitedHealthcare Community Plan of Pennsylvania**, previously announced in the January and February Network Bulletins to be implemented for prior authorization, will be delayed from April 1, 2019 to May 1, 2019. For dates of service on or after **May 1, 2019**, the codes will require prior authorization:

Category	Codes
Home Health care	G0156, G0162, S9122
Nutritional – Enterals	B4034-B4036, B4100, B4102-B4104, B4149, B4150, B4152, B4153, B4155, B4158-B4161
DME/Orthotics	A9900, E0465, E0637, E8000, L1820, L1832

[CONTINUED >](#)



[Front & Center](#)

< CONTINUED

## Changes in Advance Notification and Prior Authorization Requirements

### Correction to Code Additions to Prior Authorization published in March Network Bulletin

Originally announced in the January Network Bulletin, for **UnitedHealthcare Community Plan of California (Medi-Cal Plan)**, procedure codes for Cancer Supportive Care and Chemotherapy will require prior authorization starting **April 1, 2019**. In March, it was incorrectly communicated that this prior authorization requirement was due to a state mandate. Prior authorization for these codes is a plan requirement, not a state mandate:

Category	Codes
Cancer Supportive Care	J0897, J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110
Chemotherapy	J0640, J0641, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9031, J9032, J9033, J9034, J9035, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208, J9209, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9311, J9312, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9357, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2049, Q2050, Q5107, Q5111

CONTINUED >

[Front & Center](#)

< CONTINUED

## Changes in Advance Notification and Prior Authorization Requirements

### Code Additions to Prior Authorization:

Effective for dates of service on or after **June 1, 2019**, the following procedure codes will require prior authorization to be covered in an outpatient hospital setting for **UnitedHealthcare Community Plan of New Jersey (Medicaid and LTC)**:

Category	Subcategory	Codes
Site of Service	Carpal Tunnel Surgery	64721
	Cataract Surgery	66821, 66982, 66984
	Colonoscopy	45378, 45380, 45384, 45385
	Cosmetic & Reconstructive	13101, 13132, 14040, 14060, 14301, 21552, 21931
	ENT Procedures	21320, 30140, 30520, 69436, 69631
	Gynecologic Procedures	57522, 58353, 58558, 58563, 58565
	Hernia Repair	49505, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655
	Liver Biopsy	47000
	Miscellaneous	20680
	Ophthalmologic	65426, 65730, 65855, 66170, 66761, 67028, 67036, 67040, 67228, 67311, 67312
	Tonsillectomy & Adenoidectomy	42820, 42821, 42825, 42826, 42830
	Upper Gastrointestinal Endoscopy	43235, 43239, 43249
	Urologic Procedures	50590, 52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 54161, 55040, 55700, 57288

CONTINUED >

[Front & Center](#)

< CONTINUED

## Changes in Advance Notification and Prior Authorization Requirements

### New Prior Authorization Category for Existing Prior Authorization Codes

Effective **July 1, 2019**, a new prior authorization category — Stimulators — will be implemented. As a result of this new category, existing prior authorization required codes will be re-categorized. This change doesn't impact any requirements or criteria. Some stimulator codes may still remain under existing categories. Impacted plans: UnitedHealthcare Commercial Plans (UnitedHealthcare Mid-Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne, UnitedHealthcare Commercial, UnitedHealthcare of the River Valley and UnitedHealthcare West) and all UnitedHealthcare Community Plans. The change was implemented April 1, 2019, for 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), UnitedHealthcare Connected TX (Medicare-Medicaid plan) and MyCare Ohio (Medicare-Medicaid plan). Changes to be seen:

Current category	New category	Codes Impacted
Bariatric Surgery	Stimulators	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43647, 43648, 43881, 43882, 64590
Bone growth stimulators	Stimulators	E0747, E0748, E0749, E0760
Experimental and Investigational Service		61863, 61864, 61867, 61868, 61885, 61886, 64555
Potentially Unproven Service	Stimulators	61863, 61864, 61867, 61868, 61885, 61886, 64555
Vagus nerve stimulation	Stimulators	61885, 64568

CONTINUED >

[Front & Center](#)

< CONTINUED

## Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **July 1, 2019**, the following procedure codes will add additional criteria to the prior authorization requirements for **UnitedHealthcare Community Plan of Texas (StarPlus Plan)**:

Current category	New category	Codes Impacted
Orthotics/Prosthetics >\$500	Orthotics/Prosthetics Regardless of Billed Amount	L0112, L0170, L0456, L0462, L0464, L0480, L0482, L0484, L0486, L0624, L0629, L0631, L0632, L0634, L0636, L0637, L0638, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L1000, L1005, L1200, L1300, L1310, L1499, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1812, L1820, L1820, L1830, L1832, L1834, L1836, L1840, L1844, L1845, L1846, L1847, L1860, L1945, L1950, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2136, L2350, L2510, L2526, L2627, L2628, L3230, L3265, L3649, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3900, L3901, L3904, L3905, L3961, L3971, L3975, L3976, L3977, L3999, L4000, L4010, L4020, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5420, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5613, L5614, L5616, L5639, L5640, L5642, L5643, L5644, L5646, L5648, L5651, L5653, L5661, L5682, L5683, L5702, L5703, L5706, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5790, L5795, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5848, L5857, L5858, L5930, L5950, L5960, L5961, L5964, L5966, L5968, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6623, L6624, L6646, L6648, L6686, L6687, L6689, L6690, L6692, L6693, L6694, L6695, L6696, L6697, L6704, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7405, L8040, L8042, L8043, L8044, L8045, L8046, L8047, L8610

CONTINUED >

[Front & Center](#)

< CONTINUED

## Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **July 1, 2019**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of New Jersey (Medicaid and LTC)**:

Category	Codes
Home Health Care	G0493, G0494, G0495, G0496

For dates of service on or after **July 1, 2019**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of Louisiana (Medicaid Plan)**:

Category	Code
Breast reconstruction (non-mastectomy)	19371



The most up-to-date Advance Notification lists are available online at [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.

[Front & Center](#)

# More Fax Numbers Used for Medical Prior Authorization Will Retire July 1, 2019

## Use Our Online Tools Instead

As we continue moving administrative tasks online, another group of fax numbers used for medical prior authorization will retire on July 1, 2019.

<b>855-307-8531</b>	Medica Healthcare Plans – South Florida
<b>866-567-0144</b>	Preferred Care Partners – South Florida
<b>888-899-1681</b>	UnitedHealthcare Community Plan of Maryland
<b>866-622-1428</b>	UnitedHealthcare Community Plan of Nebraska*
<b>844-826-4677</b>	UnitedHealthcare Community Plan of North Carolina Dual Special Needs Plan (DSNP)
<b>844-663-4222</b>	UnitedHealthcare Community Plan of Oklahoma Dual Special Needs Plan (DSNP)
<b>866-950-7757</b>	UnitedHealthcare Community Plan of Rhode Island
<b>855-554-2152</b>	UnitedHealthcare Community Plan of Washington
<b>800-897-8317</b>	UnitedHealthcare Community Plan of Wisconsin

Instead of faxing your request, please use the **Prior Authorization and Notification tool** on Link. You can access the tool and review resources and training to help you get started at [UHCprovider.com/paan](https://UHCprovider.com/paan). 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.

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

Go to [UHCprovider.com/fax](https://UHCprovider.com/fax) for a list of all retired fax numbers and information about fax numbers used for inpatient admission notifications.

\* [More information](#) about submitting medical prior authorization requests for hearing aids or home health services for UnitedHealthcare Community Plan of Nebraska members will be available in June.

[Front & Center](#)

# Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [March 2019 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
<b>UPDATED/REVISED</b>		
<a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a>	Coverage Guideline	March 1, 2019
<a href="#">General Anesthesia and Conscious Sedation Services</a>	Coverage Guideline	April 1, 2019
<a href="#">National Standardized Dental Claim Utilization Review Criteria</a>	Utilization Review Guideline (URG)	March 1, 2019
<a href="#">Occlusal Guards</a>	Coverage Guideline	April 1, 2019
<a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a>	Clinical Policy	March 1, 2019
<a href="#">Prefabricated Crowns</a>	Clinical Policy	March 1, 2019
<a href="#">Surgical Endodontics</a>	Clinical Policy	March 1, 2019
<a href="#">Surgical Periodontics: Mucogingival Procedures</a>	Clinical Policy	April 1, 2019
<a href="#">Surgical Periodontics: Regenerative Procedures</a>	Clinical Policy	April 1, 2019
<a href="#">Surgical Periodontics: Resective Procedures</a>	Clinical Policy	April 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.

## Congratulations to Our Go Paperless Sweepstakes Winners! Enter Today for Your Chance to Win \$500.

Our first two Go Paperless Sweepstakes winners hail from Florida and Minnesota. Could you be next? [Go Paperless](#) now for your chance to win.

[Front & Center](#)

# New Prior Authorization Requirement for In Patient Cerebral Seizure Video EEG Monitoring

As a reminder, on April 1, 2019, UnitedHealthcare will require prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring. This new requirement applies to our fully insured UnitedHealthcare commercial members. UnitedHealthcare Medicare Advantage members will not be part of this requirement as previously communicated.

Beginning July 1, 2019, this requirement will take effect for UnitedHealthcare Community Plan members in California, Florida, Hawaii, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia and Washington.

## How to Submit a Prior Authorization Request

You can initiate prior authorization requests online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Sign in to Link by going to [UHCprovider.com](https://UHCprovider.com) and clicking on the Link button in the top right corner. Then select the Prior Authorization and Notification tile on your Link dashboard. This option gives you and your patients the fastest results. You can also use the eligibility Link tool on Link to verify eligibility and benefits coverage.
- **Phone:** 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.

## Reviewing Prior Authorization Requests

We'll review the request and required clinical records, and contact the care provider and member with our coverage decision. Care providers and members will be contacted by phone and by mail. If coverage is denied, we'll include details on how to appeal within the denial notice. If you don't submit a prior authorization request and necessary documentation before performing this procedure, the claim will be denied. Care providers can't bill members for services denied due to lack of prior authorization. Members are only responsible for applicable plan cost-sharing.

If a non-participating or non-contracted care provider performs this procedure, members may have to pay additional out-of-pockets costs. Members who don't have out-of-network benefits may be responsible for the entire cost of services obtained from non-participating care providers. This doesn't apply to members with Medicaid or DSNP plans. If a network provider refers a member to a non-participating provider without obtaining prior authorization, the member can't be billed for the charges and is only responsible for applicable plan cost-sharing.



For more information, contact your local network management representative.



[Front & Center](#)

# Prior Authorization Required for Therapeutic Radiopharmaceuticals

Beginning May 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Ohio, Maryland, Michigan, Mississippi, Nebraska, Pennsylvania, Tennessee, Texas, Washington and Wisconsin.

Effective April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceuticals for UnitedHealthcare commercial members will change.

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

The following products will require authorization:

- Lutetium Lu 177 (Lutathera)
- Radium RA-223 dichloride (Xofigo)
- All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS).

HCPCS codes impacted by this prior authorization will include:

- A9513 Lutetium Lu 177, dotatate, therapeutic, 1 mCi
- A9606 Radium RA-223 dichloride, therapeutic, per microcurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial plans. Go to [UHCprovider.com/pharmacy](https://UHCprovider.com/pharmacy).



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

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

Effective July 1, 2019, UnitedHealthcare will expand the existing prior authorization/notification for genetic and molecular testing performed in an outpatient setting to UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley, MAMSI Life and Health Insurance Company, Optimum Choice, Inc., MD Individual Practice Association, Inc. and UnitedHealthcare self-insured plans. >

## [2019 UnitedHealthcare Outpatient Procedure Grouper Exhibit Update — Effective July 1, 2019](#)

The UnitedHealthcare Outpatient Procedure Grouper (OPG) Exhibit that defines the CPT® and Healthcare Common Procedure Coding System (HCPCS) code assignment to Grouper level will be updated on July 1, 2019. The OPG Exhibit is used to determine reimbursement for outpatient procedures and other issues. >



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

[UnitedHealthcare Commercial](#)

# UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

Effective July 1, 2019, UnitedHealthcare will expand the existing prior authorization/notification for genetic and molecular testing performed in an outpatient setting to UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley, MAMSI Life and Health Insurance Company, Optimum Choice, Inc., MD Individual Practice Association, Inc. and UnitedHealthcare self-insured plans.

BRCA Prior Authorization requirements will not change with this expansion.

Care providers will use the Genetic and Molecular Test tool on Link to submit the notification/prior authorization request. You'll fill in the member's information and choose the test and the lab to perform the test. Ordering providers will need to submit requests for tests that require authorization. Labs may submit their own notification requests for tests that only require notification.

The following will require notification/prior authorization:

- Tier 1 Molecular Pathology Procedures
- Tier 2 Molecular Pathology Procedures
- Genomic Sequencing Procedures
- Multianalyte Assays with Algorithmic Analyses that include Molecular Pathology Testing
- These CPT codes:
  - 0001U, 0012U - 0014U, 0016U - 0019U, 0022U - 0023U, 0026U - 0034U, 0036U - 0037U, 0040U, 0045U - 0050U, 0055U - 0057U, 0060U, 0069U - 0076U, 0078U, 0081U, 0004M, 0006M - 0007M, 0009M, 0011M - 0013M, 81105 - 81111, 81120 - 81121, 81161 - 81210, 81215 - 81420, 81425 - 81479, 81507, 81518 - 81521, 81545, 81595 - 81599, S3870

## For More Information



You can find more information on the Genetic and Molecular Lab Test tool on Link at [UHCprovider.com/genetics](https://UHCprovider.com/genetics). Determinations for notification/prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. Our clinical policies are at [UHCprovider.com/policies](https://UHCprovider.com/policies).

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# 2019 UnitedHealthcare Outpatient Procedure Grouper Exhibit Update — Effective July 1, 2019

The UnitedHealthcare Outpatient Procedure Grouper (OPG) Exhibit that defines the CPT and Healthcare Common Procedure Coding System (HCPCS) code assignment to Grouper level will be updated on July 1, 2019. The OPG Exhibit is used to determine reimbursement for outpatient procedures and other issues.

When billing for outpatient procedures, please include the appropriate CPT and HCPCS codes with the revenue codes. These codes are required for reimbursement. Codes eligible for reimbursement under the OPG can be found in the 2018 UnitedHealthcare OPG Exhibit at [UHCprovider.com](#) > [Claims & Payments](#) > **View Outpatient Procedure Grouper (OPG) Exhibits.**

Many codes remain the same as the 2018 OPG mapping: 99.5 percent are assigned to the **same** grouper level; 0.2 percent have **increased** in level assignment; and 0.3 percent have **decreased** in level assignment.



If you have any questions, please contact your Network Management representative.

[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 [March 2019 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
<b>TAKE NOTE</b>		
<a href="#">Medical Benefit Drug Policy Template Update</a>		
<b>UPDATED/REVISED</b>		
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Medical	April 1, 2019
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Medical	April 1, 2019
<a href="#">Blepharoplasty, Blepharoptosis and Brow Ptosis Repair</a>	CDG	April 1, 2019
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Medical	March 1, 2019
<a href="#">Breast Reduction Surgery</a>	CDG	April 1, 2019
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	Drug	March 1, 2019
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Medical	March 1, 2019
<a href="#">Chemotherapy Observation or Inpatient Hospitalization</a>	URG	April 1, 2019
<a href="#">Complement Inhibitors (Soliris® &amp; Ultomiris™)</a>	Drug	March 1, 2019
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Medical	April 1, 2019
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	April 1, 2019
<a href="#">Elbow Replacement Surgery (Arthroplasty)</a>	Medical	April 1, 2019
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	Medical	April 1, 2019
<a href="#">Emergency Health Care Services and Urgent Care Center Services</a>	CDG	April 1, 2019

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Medical	May 1, 2019
<a href="#">Exondys 51® (Eteplirsen)</a>	Drug	March 1, 2019
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Medical	April 1, 2019
<a href="#">Glaucoma Surgical Treatments</a>	Medical	April 1, 2019
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Drug	March 1, 2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Medical	April 1, 2019
<a href="#">Hospital Readmissions</a>	QOC	April 1, 2019
<a href="#">Hysterectomy for Benign Conditions</a>	Medical	April 1, 2019
<a href="#">Ilumya™ (Tildrakizumab-Asmn)</a>	Drug	March 1, 2019
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Drug	March 1, 2019
<a href="#">Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion</a>	URG	April 1, 2019
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Medical	April 1, 2019
<a href="#">Inpatient Pediatric Feeding Programs</a>	URG	March 1, 2019
<a href="#">Knee Replacement Surgery (Arthroplasty), Total and Partial</a>	Medical	April 1, 2019
<a href="#">Obstructive Sleep Apnea Treatment</a>	Medical	April 1, 2019
<a href="#">Office Based Program</a>	URG	April 1, 2019
<a href="#">Orthognathic (Jaw) Surgery</a>	CDG	April 1, 2019
<a href="#">Panniculectomy and Body Contouring Procedures</a>	CDG	April 1, 2019
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Medical	March 1, 2019
<a href="#">Pneumatic Compression Devices</a>	Medical	April 1, 2019
<a href="#">Preventive Care Services</a>	CDG	April 1, 2019
<a href="#">Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol</a>	URG	March 1, 2019

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[UnitedHealthcare Commercial](#)

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Rhinoplasty and Other Nasal Surgeries</a>	CDG	April 1, 2019
<a href="#">Shoulder Replacement Surgery (Arthroplasty)</a>	Medical	April 1, 2019
<a href="#">Speech Language Pathology Services</a>	CDG	April 1, 2019
<a href="#">Surgical Treatment for Spine Pain</a>	Medical	April 1, 2019
<a href="#">Temporomandibular Joint Disorders</a>	Medical	April 1, 2019
<a href="#">Vagus Nerve Stimulation</a>	Medical	May 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 Reimbursement Policies

Learn about policy changes and updates.

## [Coordinated Commercial Reimbursement Policy Announcement](#)

UnitedHealthcare will implement several commercial reimbursement policy enhancements. >

## [Reimbursement Policy Name Change for UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare is currently working to better align our reimbursement policy titles to support the Centers for Medicare & Medicaid Services naming conventions and simplify searching for policies under multiple lines of business. UnitedHealthcare Medicare Advantage will change the naming convention of some policies on May 1, 2019. This name change will not change the policy intent or the procedure codes eligible for reimbursement. >

## [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 Commercial Reimbursement Policies](#)

# Coordinated Commercial Reimbursement Policy Announcement

The following chart contains an overview of the policy changes and their effective dates for the following policies: **Procedure to Modifier Policy, Professional; Maximum Frequency per Day (MFD) Policy, Professional; Consultation Services Policy, Professional.**

Policy	Effective Date	Summary of Change
Procedure to Modifier Policy, Professional	July 1, 2019	<ul style="list-style-type: none"> <li>Effective with dates of service on or after July 1, 2019, the GN, GO, or GP modifiers will be required on “Always Therapy” codes to align with the Centers for Medicare and Medicaid Services (CMS).</li> <li>According to CMS, certain codes are “Always Therapy” services regardless of who performs them, and always require a therapy modifier (GP, GO, or GN) to indicate that they are provided under a physical therapy, occupational therapy, or speech-language pathology plan of care.</li> </ul>
Maximum Frequency per Day (MFD) Policy, Professional	July 1, 2019	<ul style="list-style-type: none"> <li>Effective with dates of process on or after July 1, 2019, certain unlisted CPT® and HCPCS codes will no longer be automatically assigned a Maximum Frequency per Day unit value of 999. Instead, when a Medically Unlikely Edit (MUE) value exists from the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare will assign an MFD unit value based on the MUE.</li> <li>UnitedHealthcare alignment with CMS MUEs for unlisted codes is in addition to alignment with MUEs for an increasing number of all CPT and HCPCS codes over the past several years.</li> <li>The purpose of the MFD policy is to help ensure that UnitedHealthcare reimburses physicians and other health care professionals for the units billed without reimbursing for billing submission and data entry errors or incorrect coding.</li> </ul>

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[UnitedHealthcare Commercial Reimbursement Policies](#)

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## Coordinated Commercial Reimbursement Policy Announcement

Policy	Effective Date	Summary of Change
Consultation Services Policy, Professional	June 1, 2019	<ul style="list-style-type: none"> <li>As previously announced in the March 2019 Network Bulletin, UnitedHealthcare is revising the Consultation Services Policy and will no longer reimburse CPT codes 99241-99255.</li> <li>Effective with dates of service of June 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice with a participation agreement that includes contract rates determined on a stated year 2010 or later CMS RVU basis.</li> <li>Effective with dates of service of Oct. 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice.</li> <li>When services are rendered at the request of another physician or appropriate source, care providers should submit an appropriate E/M service in alignment with either the 1995 or 1997 CMS coding guidelines.</li> <li>With respect to telehealth and telemedicine services, the Telehealth &amp; Telemedicine Policy will continue to apply and HCPCS codes G0406 – G0408, G0425 – G0427, G0508 and G0509 will be payable pursuant to that policy, the participation agreement and the member’s benefit plan.</li> <li>A video presentation with more information can be viewed on UHC On Air. Additionally, a course for CEU/CME credits entitled “Evaluation and Management Coding: Back to Coding Basics” is also available via Link on UHCprovider.com.</li> <li>We would like to continue partnering with care providers on older fee schedules (2009 and prior) to move to more current fee schedules. Care providers with questions about their fee schedule may reach out to their UnitedHealth Network representative.</li> </ul>

[UnitedHealthcare Commercial Reimbursement Policies](#)

## Reimbursement Policy Name Change for UnitedHealthcare Medicare Advantage

UnitedHealthcare is currently working to better align our reimbursement policy titles to support the Centers for Medicare & Medicaid Services naming conventions and simplify searching for policies under multiple lines of business. UnitedHealthcare Medicare Advantage will change the naming convention of some policies on May 1, 2019. This name change will not change the policy intent or the procedure codes eligible for reimbursement.

**Policies:**

- “Date of Service Unit Discrepancies” policy will change to “From – To Date Policy”
- “Global Surgery” policy will change to “Global Days Policy”

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



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

## [UnitedHealthcare Community Plan 2nd Quarter 2019 Preferred Drug List](#)

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary. >

## [Neonatal Resource Services Clinical Guideline: Inhaled Nitric Oxide \(iNO\)](#)

A new Neonatal Resource Services (NRS) medical necessity clinical guideline on Inhaled Nitric Oxide (iNO) will take effect April 1, 2019. This guideline provides an evidence-based approach to inhaled nitric oxide therapy and describes the limitations of and recommendations for this treatment. Effective May 1, 2019, the guideline will apply to UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Louisiana, Mississippi, Kansas, Nevada, New Jersey and Pennsylvania. Effective June 1, 2019 the guideline will apply to UnitedHealthcare Community Plan members in Massachusetts, Missouri, Nebraska, New York and Washington. Effective July 1, 2019, this guideline will apply to UnitedHealthcare Community Plan members in Ohio and Texas. >

## [Outpatient Injectable Drug Prior Authorization Requirements for UnitedHealthcare Community Plan Kansas](#)

Effective July 1, 2019, prior authorization will be required for certain injectable drugs billed on the medical benefit for UnitedHealthcare Community Plan members in Kansas. >

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

Beginning April 1, 2019, UnitedHealthcare will require care providers to complete the notification/prior authorization process for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in New Jersey and Rhode Island. The requirement will take effect on July 1, 2019, for UnitedHealthcare Community Plan members in Pennsylvania. >

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

[UnitedHealthcare Community Plan](#)

# UnitedHealthcare Community Plan 2nd Quarter 2019 Preferred Drug List

UnitedHealthcare Community Plan’s Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary.

Not all medications will be added, modified or deleted in each state, so please check the state’s PDL for a state-specific list of preferred drugs. You may also view the changes at [UHCprovider.com](http://UHCprovider.com) > Menu > [Health Plans by State](#) [select your state].

We provided a list of available alternatives to UnitedHealthcare Community Plan members whose current treatment includes a medication removed from the PDL. Please provide affected members a prescription for a preferred alternative in one of the following ways:

- Call or fax the pharmacy.
- Use e-Script.
- Write a new prescription and give it directly to the member.

If a preferred alternative is not appropriate, call 800-310-6826 for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

Changes will be effective April 1, 2019 for: Arizona, California, Florida – Healthy Kids, Hawaii, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Virginia.

These changes don’t apply to UnitedHealthcare Community Plans in Florida Managed Medicaid, Iowa, Kansas, Louisiana, Texas, and Washington.

**PDL Additions**

Brand Name	Generic Name	Comments
<b>Aimovig™</b>	Erenumab-aooe injection	Indicated for the preventive treatment of migraines. Prior authorization required.
<b>Butrans®*</b>	Buprenorphine patch	Indicated for the treatment of moderate to severe pain. Prior authorization required.
<b>Emgality™</b>	Galcanezumab-gnlm injection	Indicated for the preventive treatment of migraines. Prior authorization required.

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[UnitedHealthcare Community Plan](#)

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**UnitedHealthcare Community Plan 2nd Quarter 2019 Preferred Drug List**

Brand Name	Generic Name	Comments
<b>Idhifa®</b>	Enasidenib tablet	Indicated for the treatment of relapsed or refractory acute myeloid leukemia (AML). Prior authorization required. Available through specialty pharmacy.
<b>Lokelma®</b>	Sodium zirconium cy-closilicate suspension packet	Indicated for the treatment of chronic hyperkalemia. Prior authorization required.
<b>Mulpleta®</b>	Lusutrombopag tablet	Indicated for the treatment of thrombocytopenia in patients with chronic liver disease (CLD) who are scheduled to undergo a procedure. Prior authorization required. Available through specialty pharmacy.
<b>Olumiant®</b>	Baricitinib tablet	Indicated for the treatment of moderately to severely active rheumatoid arthritis. Prior authorization required. Available through specialty pharmacy.
<b>Orilissa™</b>	Elagolix tablet	Indicated for the management of moderate to severe pain associated with endometriosis. Prior authorization required.
<b>Repatha®</b>	Evolocumab injection	Indicated for the treatment of heterozygous and homozygous familial hypercholesterolemia. Prior authorization required. Available through specialty pharmacy.
<b>Tibsovo®</b>	Ivosidenib tablet	Indicated for the treatment of relapsed or refractory AML. Prior authorization required. Available through specialty pharmacy.
<b>Udenyca™</b>	Pegfilgrastim-cbqv syringe	Indicated to decrease the incidence of infection in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs. Prior authorization required. Available through specialty pharmacy.
<b>Zepatier®</b>	Elbasvir-grazoprevir tablet	Indicated for the treatment of hepatitis C. Prior authorization required. Available through specialty pharmacy.

\*Only generics are preferred

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[UnitedHealthcare Community Plan](#)

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## UnitedHealthcare Community Plan 2nd Quarter 2019 Preferred Drug List

### Removed from PDL

Brand Name	Generic Name	Comments
<b>Diabinese®</b>	Chlorpropamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
<b>Orinase®</b>	Tolbutamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
<b>Tolinase®</b>	Tolazamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
<b>Zytiga® 500mg</b>	Abiraterone tablet	Abiraterone 250mg tablets are an alternate option. Current utilizers will not be grandfathered.

### PDL Update Training on UHC On Air

Be sure to go to UHC On Air to check out an on-demand video highlighting this quarter's more impactful PDL changes:

- UnitedHealthcare Link users can access UHC On Air by selecting the UHC On Air tile on their Link dashboard. From there, go to your state, and click on UnitedHealthcare Community Plan. You'll find the Preferred Drug List Q2 Update in the video listings.
- To access Link, sign in to [UHCprovider.com](http://UHCprovider.com) by clicking the Link button in the top right corner. If you don't have access to Link, select the New User button.



If you have any questions, please call UnitedHealthcare Community Plan's Pharmacy Department at **800-310-6826**.

### Neonatal Resource Services Clinical Guideline: Inhaled Nitric Oxide (iNO)

A new Neonatal Resource Services (NRS) medical necessity clinical guideline on Inhaled Nitric Oxide (iNO) will take effect April 1, 2019. This guideline provides an evidence-based approach to inhaled nitric oxide therapy and describes the limitations of and recommendations for this treatment. Effective May 1, 2019, the guideline will apply to UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Louisiana, Mississippi, Kansas, Nevada, New Jersey and Pennsylvania. Effective June 1, 2019, the guideline will apply to UnitedHealthcare Community Plan members in Massachusetts, Missouri, Nebraska, New York and Washington. Effective July 1, 2019, this guideline will apply to UnitedHealthcare Community Plan members in Ohio and Texas.

[UnitedHealthcare Community Plan](#)

# Outpatient Injectable Drug Prior Authorization Requirements for UnitedHealthcare Community Plan Kansas

We’re making some updates to our requirements for certain injectable drugs billed on the medical benefit for UnitedHealthcare Community Plan members in Kansas. These requirements will apply whether members are new to therapy or have already been receiving these medications.

**Effective July 1, 2019**, prior authorization will be required for the drugs listed below for UnitedHealthcare Community Plan members in Kansas. If you administer any of these medications without first completing the prior authorization process, the claim may be denied. Members can’t be billed for services denied due to failure to complete the prior authorization process.

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) for more information.
- **Call: Use the Provider Services phone number** on the member’s health care identification card.

UnitedHealthcare Community Plan Kansas			
Adynovate	Flolan	Lartruvo	Rebinyin
Akynzeo	Glatiramer	Leukine	Rituxan
Alprolix	Glatopa	Leuprolide Acetate	Rituxan Hycela
Arcalyst	Granix	Makena	Stelara
Avonex	Herceptin	Neulasta	Supprelin LA
Betaseron	Hydroxyprogesterone	Neupogen	Trelstar
Camptosar	Caproate	Nplate	Tremfya
Cerezyme	Idelvion	Onivyde	Triptodur
Elaprase	Imfinzi	Opdivo	Vantas
Eloctate	Intron A	Pegasys	Varubi
Empliciti	Jetrea	PegIntron	Veletri
Enbrel	Kalbitor	Prialt	Ventavis
Extavia	Kanuma	Provenge	Xofigo
Firazyr	Keytruda	Rebif	Zarxio
	Krystexxa		



[UnitedHealthcare Community Plan](#)

# UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

UnitedHealthcare already requires that care providers complete the notification/prior authorization process for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in some states. States soon to be included in this requirement\* will include:

- Beginning April 1, 2019: New Jersey, Rhode Island
- Beginning July 1, 2019: Pennsylvania

\*All UnitedHealthcare Medicare and Medicare Advantage plan members, including Dual Special Needs Plans (DSNP) members, are not included in these requirements



You can find more information on the Genetic and Molecular Lab Test tool on Link at [UHCprovider.com/genetics](https://UHCprovider.com/genetics). Determinations for notification/prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. Our clinical policies are at [UHCprovider.com/policies](https://UHCprovider.com/policies).

[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 [March 2019 Medical Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

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<a href="#">Medical Benefit Drug Policy Template Update</a>		
<b>UPDATED/REVISED</b>		
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<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	April 1, 2019
<a href="#">Denied Drug Codes – Pharmacy Benefit Drugs</a>	Drug	March 1, 2019
<a href="#">Elbow Replacement Surgery (Arthroplasty)</a>	Medical	April 1, 2019
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	Medical	April 1, 2019
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Medical	May 1, 2019
<a href="#">Exondys 51® (Eteplirsen)</a>	Drug	March 1, 2019
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Medical	April 1, 2019

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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
<b>UPDATED/REVISED</b>		
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Drug	March 1, 2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Medical	April 1, 2019
<a href="#">Ilaris® (Canakinumab)</a>	Drug	March 1, 2019
<a href="#">Ilumya™ (Tildrakizumab-Asmn)</a>	Drug	March 1, 2019
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Drug	March 1, 2019
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<a href="#">Repository Corticotropin Injection (H.P. Acthar Gel®)</a>	Drug	March 1, 2019
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<a href="#">Spinraza™ (Nusinersen)</a>	Drug	March 1, 2019
<a href="#">Standing Systems and Gait Trainers</a>	Medical	June 1, 2019
<a href="#">Surgical Treatment for Spine Pain</a>	Medical	April 1, 2019
<a href="#">Therapeutic Radiopharmaceuticals</a>	Medical	June 1, 2019
<a href="#">Vagus Nerve Stimulation</a>	Medical	May 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 policy and guideline changes.

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

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



[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 Feb. 13, 2019)
<a href="#">Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)</a>
<a href="#">Biofeedback Therapy (NCD 30.1)</a>
<a href="#">Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)</a>
<a href="#">Bladder Stimulators (Pacemakers) (NCD 230.16)</a>
<a href="#">Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)</a>
<a href="#">Clinical Diagnostic Laboratory Services</a>
<a href="#">Closed-Loop Blood Glucose Control Device (CBGCD) (NCD 40.3)</a>
<a href="#">Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (NCD 250.5)</a>
<a href="#">Diabetes Outpatient Self-Management Training (NCD 40.1)</a>
<a href="#">Electrical Continence Aid (NCD 230.15)</a>
<a href="#">External Electrocardiographic Recording</a>
<a href="#">Extracorporeal Shock Wave Treatment (ESWT)</a>
<a href="#">Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders (NCD 150.8)</a>
<a href="#">Home Blood Glucose Monitors (NCD 40.2)</a>
<a href="#">Hyperbaric Oxygen Therapy (NCD 20.29)</a>
<a href="#">Implantable Automatic Defibrillators (NCD 20.4)</a>
<a href="#">Insulin Syringe (NCD 40.4)</a>
<a href="#">Lymphocyte Mitogen Response Assays (NCD 190.8)</a>

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[UnitedHealthcare Medicare Advantage](#)

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## UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on Feb. 13, 2019)
<a href="#">Mobility Assistive Equipment (MAE) (NCD 280.3)</a>
<a href="#">Mobility Devices (Ambulatory)</a>
<a href="#">Negative Pressure Wound Therapy Pumps</a>
<a href="#">Noncontact Normothermic Wound Therapy (NNWT) (NCD 270.2)</a>
<a href="#">Outpatient Hospital Pain Rehabilitation Programs (NCD 10.4)</a>
<a href="#">Percutaneous Minimally Invasive Fusion</a>
<a href="#">Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)</a>
<a href="#">Plastic Surgery to Correct “Moon Face” (NCD 140.4)</a>
<a href="#">Porcine Skin and Gradient Pressure Dressings (NCD 270.5)</a>
<a href="#">Posterior Tibial Nerve Stimulation</a>
<a href="#">Sterilization (NCD 230.3)</a>
<a href="#">Transcatheter Mitral Valve Repair (TMVR) (NCD 20.33)</a>
<a href="#">Transillumination Light Scanning or Diaphanography (NCD 30.9)</a>
<a href="#">Treatment of Decubitus Ulcers (NCD 270.4)</a>
<a href="#">Xofigo® Radioactive Therapeutic Agent</a>

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

[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 [March 2019 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

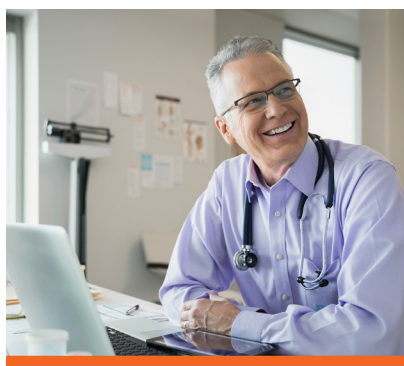
Policy Title
UPDATED/REVISED (Approved on Feb. 19, 2019)
<a href="#">Genetic Testing</a>
<a href="#">Neurophysiological Studies</a>
<a href="#">Neuropsychological Testing</a>
<a href="#">Non-Covered Services (Including Services/Complications Related to Non-Covered Services)</a>
<a href="#">Oxygen for Home Use</a>
<a href="#">Physician Services</a>
<a href="#">Prostate: Services and Procedures</a>
<a href="#">Respite Care</a>
<a href="#">Skin Treatment, Services and Procedures</a>
<a href="#">Solutions for Caregivers</a>
<a href="#">Speech Generating Devices</a>
<a href="#">Telemedicine/Telehealth Services</a>

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

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

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



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# Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [March 2019 Policy Update Bulletin](#) at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

Policy Title	Policy Type	Effective Date
<b>TAKE NOTE</b>		
<a href="#">Clinical Policy Template Update</a>		
<b>NEW</b>		
<a href="#">Electroencephalographic (EEG) Monitoring and Video Recording</a>	Clinical	April 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Clinical	April 1, 2019
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Clinical	April 1, 2019
<a href="#">Behavioral Health Services</a>	Administrative	April 1, 2019
<a href="#">Blepharoplasty, Blepharoptosis and Brow Ptosis Repair</a>	Clinical	April 1, 2019
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Clinical	March 1, 2019
<a href="#">Breast Reduction Surgery</a>	Clinical	April 1, 2019
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	Clinical	March 1, 2019
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Clinical	March 1, 2019
<a href="#">Complement Inhibitors (Soliris® &amp; Ultomiris™)</a>	Clinical	April 1, 2019
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Clinical	April 1, 2019
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Clinical	April 1, 2019
<a href="#">Dental and Oral Surgical Procedures</a>	Administrative	April 1, 2019
<a href="#">Dialysis Services</a>	Administrative	April 1, 2019
<a href="#">Drug Coverage Criteria – New and Therapeutic Equivalent Medications</a>	Clinical	April 1, 2019
<a href="#">Drug Coverage Guidelines</a>	Clinical	April 1, 2019

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## Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Elbow Replacement Surgery (Arthroplasty)</a>	Clinical	April 1, 2019
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	Clinical	April 1, 2019
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Clinical	May 1, 2019
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Clinical	April 1, 2019
<a href="#">Formula &amp; Specialized Food</a>	Administrative	March 1, 2019
<a href="#">Glaucoma Surgical Treatments</a>	Clinical	April 1, 2019
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Clinical	April 1, 2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Clinical	April 1, 2019
<a href="#">Hysterectomy for Benign Conditions</a>	Clinical	April 1, 2019
<a href="#">Ilumya™ (Tildrakizumab-Asmn)</a>	Clinical	April 1, 2019
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Clinical	April 1, 2019
<a href="#">Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion</a>	Clinical	April 1, 2019
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Clinical	April 1, 2019
<a href="#">Knee Replacement Surgery (Arthroplasty), Total and Partial</a>	Clinical	April 1, 2019
<a href="#">Microsurgery</a>	Reimbursement	March 1, 2019
<a href="#">Observation Care</a>	Clinical	April 1, 2019
<a href="#">Obstructive Sleep Apnea Treatment</a>	Clinical	April 1, 2019
<a href="#">Office Based Program</a>	Clinical	April 1, 2019
<a href="#">Orthognathic (Jaw) Surgery</a>	Clinical	April 1, 2019
<a href="#">Orthopedic Services</a>	Administrative	April 1, 2019
<a href="#">Panniculectomy and Body Contouring Procedures</a>	Clinical	April 1, 2019
<a href="#">Participating Provider Laboratory and Pathology Protocol</a>	Administrative	June 1, 2019
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Clinical	March 1, 2019
<a href="#">Pneumatic Compression Devices</a>	Clinical	April 1, 2019
<a href="#">Precertification Exemptions for Outpatient Services</a>	Administrative	April 1, 2019
<a href="#">Preventive Care Services</a>	Clinical	April 1, 2019

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## Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Rhinoplasty and Other Nasal Surgeries</a>	Clinical	April 1, 2019
<a href="#">Shoulder Replacement Surgery (Arthroplasty)</a>	Clinical	April 1, 2019
<a href="#">Specialty Pharmacy for Certain Specialty Medications Administered in an Outpatient Hospital Setting</a>	Reimbursement	April 1, 2019
<a href="#">Surgical Treatment for Spine Pain</a>	Clinical	April 1, 2019
<a href="#">Telehealth and Telemedicine</a>	Reimbursement	April 1, 2019
<a href="#">Telehealth and Telemedicine (CES)</a>	Reimbursement	April 1, 2019
<a href="#">Temporomandibular Joint Disorders</a>	Clinical	April 1, 2019
<a href="#">Time Span Codes</a>	Reimbursement	March 1, 2019
<a href="#">Vagus Nerve Stimulation</a>	Clinical	May 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.

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# UnitedHealthcare West Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [March 2019 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
<b>UPDATED/REVISED</b>	
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	April 1, 2019
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	April 1, 2019
<a href="#">Blepharoplasty, Blepharoptosis and Brow Ptosis Repair</a>	April 1, 2019
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	March 1, 2019
<a href="#">Breast Reduction Surgery</a>	April 1, 2019
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	March 1, 2019
<a href="#">Chemotherapy Observation or Inpatient Hospitalization</a>	April 1, 2019
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Dia-betes</a>	April 1, 2019
<a href="#">Cytological Examination of Breast Fluids For Cancer Screening</a>	April 1, 2019
<a href="#">Elbow Replacement Surgery (Arthroplasty)</a>	April 1, 2019
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	April 1, 2019
<a href="#">Emergency Health Care Services and Urgent Care Center Services</a>	April 1, 2019
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	May 1, 2019
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	April 1, 2019
<a href="#">Glaucoma Surgical Treatments</a>	April 1, 2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	April 1, 2019
<a href="#">Hospital Readmissions</a>	April 1, 2019
<a href="#">Hysterectomy for Benign Conditions</a>	April 1, 2019
<a href="#">Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion</a>	April 1, 2019

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**UnitedHealthcare West Medical Management Guideline Updates**

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	April 1, 2019
<a href="#">Inpatient Pediatric Feeding Programs</a>	March 1, 2019
<a href="#">Knee Replacement Surgery (Arthroplasty), Total and Partial</a>	April 1, 2019
<a href="#">Obstructive Sleep Apnea Treatment</a>	April 1, 2019
<a href="#">Oncology Medication Clinical Coverage</a>	March 1, 2019
<a href="#">Orthognathic (Jaw) Surgery</a>	April 1, 2019
<a href="#">Panniculectomy and Body Contouring Procedures</a>	April 1, 2019
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	March 1, 2019
<a href="#">Pneumatic Compression Devices</a>	April 1, 2019
<a href="#">Preventive Care Services</a>	April 1, 2019
<a href="#">Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol</a>	March 1, 2019
<a href="#">Pulmonary Rehabilitation</a>	April 1, 2019
<a href="#">Rhinoplasty and Other Nasal Surgeries</a>	April 1, 2019
<a href="#">Shoulder Replacement Surgery (Arthroplasty)</a>	April 1, 2019
<a href="#">Soliris® (Eculizumab)</a>	March 1, 2019
<a href="#">Surgical Treatment for Spine Pain</a>	April 1, 2019
<a href="#">Temporomandibular Joint Disorders</a>	April 1, 2019
<a href="#">Vagus Nerve Stimulation</a>	May 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 Affiliates](#)

# UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [March 2019 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 April 1, 2019)
<a href="#">Cardiac Pacemakers and Defibrillators</a>
<a href="#">Cardiac Rehabilitation Services – Outpatient</a>
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>
<a href="#">Rehabilitation Services (Physical, Occupational, and Speech Therapy)</a>

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# State News

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

## [New Prior Authorization Requirement for In Patient Cerebral Seizure Video EEG Monitoring](#)

As a reminder, on April 1, 2019, UnitedHealthcare will begin requiring prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring for UnitedHealthcare commercial members. UnitedHealthcare Medicare Advantage members will not be part of this requirement as previously communicated. Beginning July 1, 2019, this requirement will take effect for UnitedHealthcare Community Plan members in California, Florida, Hawaii, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia and Washington. >



## [Prior Authorization Required for Therapeutic Radiopharmaceuticals](#)

Beginning May 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Ohio, Maryland, Michigan, Mississippi, Nebraska, Pennsylvania, Tennessee, Texas, Washington and Wisconsin. Effective April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceuticals for UnitedHealthcare commercial members will change. >

## [Neonatal Resource Services Clinical Guideline: Inhaled Nitric Oxide \(iNO\)](#)

A new Neonatal Resource Services (NRS) medical necessity clinical guideline on Inhaled Nitric Oxide (iNO) will take effect April 1, 2019. This guideline provides an evidence-based approach to inhaled nitric oxide therapy and describes the limitations of and recommendations for this treatment. Effective May 1, 2019, the guideline will apply to UnitedHealthcare Community Plan members in Arizona, California, Florida, Iowa, Kansas, Louisiana, Mississippi, Nevada, New Jersey and Pennsylvania. Effective June 1, 2019 the guideline will apply to UnitedHealthcare Community Plan members in Massachusetts, Missouri, Nebraska, New York and Washington. Effective July 1, 2019, this guideline will apply to UnitedHealthcare Community Plan members in Ohio and Texas. >



# State News

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

## [Outpatient Injectable Drug Prior Authorization Requirements for UnitedHealthcare Community Plan Kansas](#)

Effective July 1, 2019, prior authorization will be required for certain injectable drugs billed on the medical benefit for UnitedHealthcare Community Plan members in Kansas. >

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

Beginning April 1, 2019, UnitedHealthcare will require care providers to complete the notification/prior authorization process for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in New Jersey and Rhode Island. The requirement will take effect on July 1, 2019, for UnitedHealthcare Community Plan members in Pennsylvania. >

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