

MARCH 2020

# network bulletin

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

Enter



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

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



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# Front & Center

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# Electronic Payment Solutions Rolling Out in 2020

UnitedHealthcare is launching initiatives to replace paper checks with electronic payments throughout 2020 and will no longer be sending paper checks for provider payment.\*

You will have the option of [signing up](#) for Automated Clearing House (ACH)/direct deposit, our preferred method of payment, or to receive a Virtual Card payment (Virtual Card). The only alternative to a Virtual Card is direct deposit. Both of these options allow you to get paid quickly and securely. The electronic payment solutions will roll out in phases throughout the year, with the first phase beginning mid-2020.

## Why Choose ACH/Direct Deposit?

- Direct deposit puts payment directly into your bank account
- Easiest and fastest way to get paid
- Improved financial control; no paper checks or remittance information to lose or misplace
- Ability to track information on online portal

## What Does This Mean to You?

- If your practice/healthcare organization is still receiving paper checks, you can enroll in ACH/direct deposit for your claim payments now. If you don't elect to sign up for ACH/direct deposit, a Virtual Card will be automatically sent in place of paper checks.
- **To sign up** for the ACH/direct deposit option, go to [UHCprovider.com/payment](https://UHCprovider.com/payment).
- If your practice/healthcare organization is already enrolled and receiving your claim payments through AHC/direct deposit from Optum Pay™ or receiving Virtual Cards there is no action you need to take.
- If you do not enroll in ACH/direct deposit and currently receive your correspondence electronically, your remittance and Virtual Card statement will be available online through Document Vault.
- Because this initiative will roll out in phases, you may receive a Virtual Card payment for some claim payments and check payments for others (if not enrolled for direct deposit).

## We're Here to Help



If you are a network or out-of-network provider, please go to [UHCprovider.com/payment](https://UHCprovider.com/payment) for more information or to enroll.

### Note:

Credit card processing fees may apply to Virtual Cards. Please reach out to your merchant processor or financial institution for information on specific terms and costs.

Processing your Virtual Card indicates your consent to receive and accept Virtual Card payments as payment in full from a payer.

Unspent funds for Virtual Cards are subject to state unclaimed property laws.

\*In Florida, New Mexico, New York or Oregon out-of-network providers and all Colorado providers have to consent to receive a virtual card payment.

Processing of the Virtual Card is your consent to receive and accept it as payment in full from the payer. If you don't consent, when you receive a Virtual Card, please call the number provided on your Virtual Card payment to arrange an alternative payment method.

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## Your Area of Expertise

The **Area of Expertise** tab, in the Find a Provider search on [myuhc.com](http://myuhc.com) can make it easy for patients to find specialized services.

### How We Identify Specialized Services

We look for area of expertise service evidence in historical claim data or verify via a primary source (i.e., National Technical Information Service (NTIS) database for data-waivered providers), to determine appropriate directory display of Area of Expertise services.

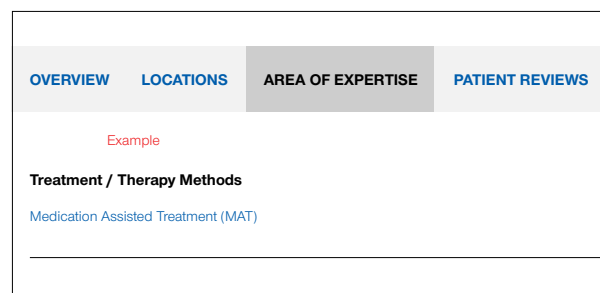
### Where to Find It

After a member signs in to [myuhc.com](http://myuhc.com), they can select **Find a Provider** to search for a care provider in the online provider directory. The **Area of Expertise** tab will display specialized services of care that are distinct from the practicing specialty.

### Viewing Your Specialized Services

If you'd like to review the information we've added to your profile:

1. Go to [UHCprovider.com](http://UHCprovider.com).
2. Click the "Find Dr." icon and follow the prompts.
3. Check the location at the top of the page and change it to your correct city and state.
4. Type your name in the search bar and click on the "Area of Expertise" tab.



To opt out of displaying this information in the directory, you may submit a request to [hpdemo@uhc.com](mailto:hpdemo@uhc.com) with the information below.

Please update directory indicator(s) to "No" for [list all services you wish to exclude/remove from directory depiction]:

Care Provider/[Your] Name: \_\_\_\_\_  
 NPI: \_\_\_\_\_ TIN: \_\_\_\_\_

### We're Here to Help



If you have questions, call your Network Management contact. To find your local contact, go to [uhc.com](http://uhc.com) and select your state.

## [Front & Center](#)

# Additions to Cancer Therapy Pathways

Our Cancer Pathways program now includes pathways for **colorectal** and **melanoma** cancers. Check [UHCprovider.com](https://www.uhcprovider.com) for the current list of regimens included in the program; pathways for **lung** cancer will be coming soon.

## Find Your Path

Cancer Therapy Pathways will be available through our Cancer Guidance program tool on Link when you submit an authorization request for chemotherapy and related cancer therapies. Selection of a pathway regimen is **not required to receive a prior authorization** for therapy. Our criteria for coverage determinations for cancer therapies **will not change** as a result of this program.\*

## Participating Membership Plans

Cancer Therapy Pathways will be available for the following health plans:

- UnitedHealthcare commercial (excluding UnitedHealthcare Oxford commercial plans)
- UnitedHealthcare Community
- UnitedHealthcare Medicare Advantage

## Earn Rewards

You will have the opportunity to earn rewards, through a financial incentive, for consistently selecting a cancer therapy that is part of this program.\*

- **Eligibility:** A clinical pathway must be selected a minimum of 75% of the time during the performance measurement period, which is six months. For eligible commercial plans *only*, additional criteria and exclusions may apply.
- **Distribution:** Rewards will be assessed and distributed bi-annually.

## Training and Additional Information

Live training sessions about this program will be available later this month. Learn about **how to earn rewards**, **pathway development**, see **demonstrations** and a **question and answer** session. The schedule for the trainings will soon be available on [UHCprovider.com](https://www.uhcprovider.com).



Visit [UHCprovider.com](https://www.uhcprovider.com) or email to [unitedoncology@uhc.com](mailto:unitedoncology@uhc.com).

\*Cancer Therapy Pathways is not a substitute for the experience and judgment of a physician or other health care professional. Any clinician participating in the program must use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. Care decisions are between the physician and the patient. We do not make decisions about the kind of care that should or should not be received.

## [Front & Center](#)

# Update to 2019–2021 Credentialing Plan

Effective June 1, 2020, the following updates have been made to our 2019–2021 Credentialing Plan. Credentialing requirements for facilities include either accreditation or a site visit.

The following considerations have been added to address the **site visit**:

- A site visit is not required if the facility is in a rural area, as defined by the U.S. Census Bureau, and the state or CMS has not conducted a site review.
- If a facility has satellite facilities that follow the same policies and procedures as the provider, the organization may limit site visits to a main facility.
- If a CMS Institutional Provider/Facility type is not located in a rural area and is not CMS certified, then you may complete a self-assessment using UnitedHealthcare's Facility Site Visit tool provided by the National Credentialing Center.

### **CMS Institutional Provider/Facility Includes:**

- Hospice
- Clinical laboratories
- Comprehensive outpatient rehabilitation facilities (CORF)
- Outpatient physical therapy providers
- Speech pathology providers
- End-stage renal disease services providers
- Outpatient diabetes self-management training providers
- Portable X-ray suppliers
- Rural health clinics (RHC)
- Federally qualified health centers (FQHC)



You can find more information by visiting [UnitedHealthcare Credentialing Plan](#) or visit [UHCprovider.com](https://UHCprovider.com) > Menu > Resource Library > Join Our Network > [Get Credentialed](#).

## [Front & Center](#)

# Region One VA CCN Urgent Care Benefit

Starting March 18, 2020, Optum is administering Department of Veterans Affairs (VA) Community Care Network (CCN) urgent care benefit for Region One through the Optum and UnitedHealthcare contracted network of urgent care providers.

## Region One

- Connecticut
- District of Columbia
- Delaware
- Massachusetts
- Maryland
- Maine
- North Carolina
- New Hampshire
- New Jersey
- New York
- Pennsylvania
- Rhode Island
- Virginia
- Vermont
- West Virginia

## Getting Started

Urgent care and retail walk-in facilities will receive the following from Optum:

1. An urgent care letter
2. Signage to display
3. Instructional card

VA CCN contracted urgent care providers **must verify** the Veteran's eligibility **before** providing care. Call 888-901-6609 to verify eligibility.



For more information visit [provider.vacommunitycare.com](https://provider.vacommunitycare.com) > Training & Guides > Benefits or call CCN Provider Services at **888-901-7407**.

# Prior Authorization and Notification Requirement Updates

View the Updated Notice of Changes to Plan Requirements to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > [2020 Summary of Changes](#).



To see current prior authorization requirements for all plans, please visit [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.



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## Avella to Provide Infertility Medication

As of March 1, 2020, Avella Specialty Pharmacy will be the designated pharmacy for infertility medications for OptumRx®, UnitedHealthcare Community Plan and commercial members.\*

### What This Means for You

- Send infertility prescriptions for OptumRx and UnitedHealthcare members to Avella Specialty Pharmacy.\*
- For new treatments, providers should reference preferred medication options to identify opportunities to reduce patient cost share.
- Visit [Avella.com/fertility](https://avella.com/fertility) to submit your referral form.

### Coverage Details

- This change **only affects** plans that include infertility medications within their benefit coverage.
- All members still receiving medications through Freedom Fertility Pharmacy will need to fill through Avella Specialty Pharmacies.
- Preferred medications were changed on Jan. 1, 2020.
- Based on plan design, prior authorization and/or step therapy may be needed for alternative treatment option(s). Patients may have a higher cost-share for the alternative treatment option(s).

Preferred Medications	Alternative Treatment Option(s)
Follistim® AQ	Gonal-F®, Gonal-F RFF
Ganirelix® Acetate (Merck/Organon)	Ganirelix Acetate (Ferring), Cetrotide®
Pregnyl®, Novarel®	Ovidrel®, Chorionic Gonadotropin

Since prescription drug lists and benefit variations may occur, you should refer to patient-specific information received through e-prescribing or the PreCheck MyScript® tool on Link.

 | Email [fertility@avella.com](mailto:fertility@avella.com).

\*May vary based on state law and plan design.

## [Front & Center](#)

# New Look Coming Soon to UHCCareConnect

We are introducing “Card View” to [UHCCareConnect](#) beginning Feb. 29, 2020.

## What is it all about?

- Summary of important patient demographics all in one place
- Optimized workflows — placing what's important up front and center
- Cleaner, more aesthetically pleasing user interface
- Less clicks and new additions
- Icon key for quick reference



To learn more about upcoming changes, sign in to [UHCCareConnect](#) and navigate to the FAQ section found in the top right corner of the screen. Here you will find a library of training videos related to the new Card View as well the most up-to-date User Guide.

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## Pharmacy Update

This **pharmacy bulletin** outlines upcoming new or revised clinical programs and implementation dates. It is available online at [UHCprovider.com/pharmacy](#) for UnitedHealthcare commercial and UnitedHealth Oxford commercial plans.

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## Specialty Medical Injectable Drug Program Updates

Care providers should review the following tables to determine changes to our specialty medical injectable drug programs:

### Specialty Medical Injectable Drugs Added to Review at Launch

Drug Name	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses
Monoferic – IV Iron	X	X		For the treatment of iron deficiency anemia in adult patients who have an intolerance to or are unresponsive to oral iron therapy.
Tepezza (teprotumumab-trbw)	X	X		For the treatment of thyroid eye disease.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to [UHCprovider.com](http://UHCprovider.com) > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans > Review at Launch for New to Market Medications > [Review at Launch Medication List](#).

To view the **UnitedHealthcare Community Plan** Review at Launch Drug List Plan, go to [UHCprovider.com](http://UHCprovider.com) > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Review at Launch for New to Market Medications > [Review at Launch Medication List](#).

### Changes to our Drug Policies

Drug Policy Name	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	Treatment Uses	Summary of Changes
White Blood Cell Colony Stimulating Factors	See dates to the right	March 1, 2020	May 1, 2020		Colony stimulating factors are medications used to stimulate production of white blood cells.	Ziextenzo was added to the existing drug policy as a non-preferred drug.

Upon prior authorization renewal, the updated policy will apply. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member’s eligibility changes. You don’t need to submit a new notification/prior authorization request for members who already have an authorization for these medications on the effective date noted above.

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## Medical Policy Updates

The **Policy Update Bulletin** may be accessed from the following list. Click through for complete details on the latest updates.

### UnitedHealthcare Commercial & Affiliates

[UnitedHealthcare Commercial Medical Policy Update Bulletin: March 2020](#)

[Oxford Policy Update Bulletin: March 2020](#)

[UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: March 2020](#)

[UnitedHealthcare West Medical Management Guideline Update Bulletin: March 2020](#)

### UnitedHealthcare Community Plan

[Community Plan Medical Policy Update Bulletin: March 2020](#)

### UnitedHealthcare Medicare Advantage

[Medicare Advantage Coverage Summary Update Bulletin: March 2020](#)

[Medicare Advantage Policy Guideline Update Bulletin: March 2020](#)

### UnitedHealthcare Dental

[Dental Policy Update Bulletin: March 2020](#)



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

## [Appeal Overturns to Be Notified by PRA](#)

Effective March 1, 2020, appeal overturn decisions will be shared with providers only through a provider remittance advice (PRA). Providers will no longer receive a letter sharing the decision. >

## [Specialty Pharmacy Update – Markets Out of Scope](#)

Several states and two territories are now out of scope. This is an update to our January article about the expansion of the requirements to use participating specialty pharmacies for some medications. >

## [Prescription Drug List Updates](#)

Beginning May 1, 2020, Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans will be available at [UHCprovider.com](https://UHCprovider.com) > Menu > Resource Library > Drug Lists and Pharmacy. >

## [Reimbursement Policy Updates](#) >

[UnitedHealthcare Commercial](#)

## Appeal Overturn to Be Notified by PRA

Effective March 1, 2020, appeal overturn decisions will be shared with you only through a provider remittance advice (PRA). You will no longer receive a letter sharing the decision. The process and timely filing deadline for submitting an appeal is not changing.

### What This Means for You

**Type of Appeal:**

- Provider-on-behalf-of-provider appeal.
- There is no change to communication for provider-on-behalf-of-member or member-submitted appeals.

**Impacted Plans:**

- All UnitedHealthcare commercial and exchange benefit plans, except the following:
  - Plans situated in Maryland and California.
  - Utilization review appeals for plans situated in New York.

**Appeal Decision Scope:**

- Applies only to appeals that completely reverse the initial claim denial.
- If the original claim status is upheld or partially overturned, the provider will be sent a letter with details of the review.



For more information on the [Appeals Process](#), please refer to the [Provider Administrative Guide](#).

## [UnitedHealthcare Commercial](#)

# Specialty Pharmacy Update — Markets Out of Scope

In the [January Network Bulletin](#), we announced our expanding requirements for hospitals to use a participating specialty pharmacy provider for certain medications for UnitedHealthcare commercial plan members.

The following states and territories are out of scope:

- Alaska
- Hawaii
- Kentucky
- Maryland
- Nevada
- Utah
- Puerto Rico
- U.S. Virgin Islands



For more information, please see the [January](#) article, “Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020” and our [frequently asked questions](#).

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## Prescription Drug List Updates

The May 1, 2020, Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans are now available at [UHCprovider.com](#) > Menu > Resource Library > [Drug Lists and Pharmacy](#).

[UnitedHealthcare Commercial](#)

## Reimbursement Policy Updates

We regularly make changes to policies as part of an ongoing effort to improve health care quality and affordability for members while managing the appropriate use of certain services. The following chart shows new policy changes and their effective dates:

### Reminder: Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional

#### Effective Aug. 1, 2016

- We have implemented a reimbursement policy that applies to all billed laboratory services that are subject to oversight by the Clinical Laboratory Improvement Amendments (CLIA). This applies to UnitedHealthcare commercial member claims submitted on either a CMS 1500 claim form or 837P electronic claim form.
- The servicing provider's CLIA ID number is required on claims for all applicable laboratory services.
- The servicing provider's physical address is required on claims when it differs from the billing provider's address.
- The billing or servicing address submitted must match the address associated with the servicing CLIA ID number.
- CLIA regulatory requirements vary by the kind of test each laboratory conducts. CLIA requires all non-exempt lab testing sites to have one of the following certificates in order to perform clinical laboratory testing:
  - Certificate of Waiver
  - Certificate for Physician-Performed Microscopy
  - Certificate of Registration
  - Certificate of Accreditation
  - Certificate of Compliance
- Claims for laboratory services may be denied if the required CLIA information is missing, invalid or the billed service code is not within the scope of the awarded CLIA certificate.
- Reporting a modifier QW when billing applicable CLIA waived tests may be required based upon the type of CLIA certification the laboratory has obtained.
- Claims denied for missing information may be resubmitted with the required information.
- Refer to the reimbursement policy for additional information including the claims submission process.
- For more information regarding the CLIA requirements and test complexity categories, go to the CLIA website at [cms.hhs.gov/clia/](https://cms.hhs.gov/clia/).

### Revised Policy: Physical Medicine and Rehabilitation – Speech Therapy, Professional

#### Effective Feb. 24, 2020

- The policy has been updated to provide clarifying verbiage surrounding speech therapy services and the use of the GN modifier.
- The policy functionality has not changed.

Unless otherwise noted, these 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 Community Plan

Learn about Medicaid coverage changes and updates.

## [Genetic and Molecular Prior Authorization Update](#)

In the upcoming months, we will require prior authorization and notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Ohio, Virginia and Washington. >

## [Specialty Pharmacy Requirements](#)

Effective April 1, 2020, we will implement new requirements for facilities to obtain select specialty medications from specialty pharmacies for these medications being administered in their outpatient facilities for UnitedHealthcare Community Plan Members in Pennsylvania and Texas. >

## [Medical Policy Updates >](#)

## [Reimbursement Policy Updates >](#)

[UnitedHealthcare Community Plan](#)

# Genetic and Molecular Prior Authorization Update

Effective May 1, 2020, for UnitedHealthcare Community Plan members in Virginia and Washington, and effective June 1, 2020, for Ohio\* members, we will require prior authorization and notification for genetic and molecular testing performed in an outpatient setting.

## How It Works:

1. Use the **Genetic and Molecular Lab Test tool** on Link to submit your request.
2. Fill in the member’s information.
3. Choose the test and lab to perform the test.
4. **Ordering care providers** – Submit requests for tests that require authorization.
5. **Labs** – Submit your own notification requests for tests that only require notification.
6. Decisions
  - a. You’ll get a decision right away if your online request meets UnitedHealthcare’s clinical and coverage guidelines.\* \*\*
  - b. If more information or clinical documentation is needed, we’ll contact you.

## Approval Will Be Required for the Following:

- 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	0068U – 0076U	0012U – 0014U	0006M – 0007M	0016U – 0019U	87505 – 87507
0022U – 0023U	0078U	0111U	0011M – 0013M	81507	87510 – 87512
0026U – 0034U	0081U	0113U	81105 – 81111	81518 – 81522	87623
0036U – 0037U	0084U	0115U	81120 – 81121	81542	87652
0040U	0087U – 0091U	0118U	81161 – 81210	81545	87660 – 87661
0045U – 0050U	0094U	0129U - 0138U	81212	81552	87797 – 87801
0055U – 0057U	0097U – 0100U	0152U - 0162U	81215 – 81420	81595 – 81599	S3870
0060U	0101U – 0103U	0004M	81425 – 81479	87480 – 87482	

You can find more information on the Genetic and Molecular Lab Test tool on Link at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

 | Call **800-377-8809**, Monday through Friday from 7 a.m. to 7 p.m.

\*Ohio update: this change will not be required in March 2020 for Ohio as announced in the December 2019 *Network Bulletin*. This change will begin June 1, 2020.

\*\*Determinations for notification/prior authorization requests will be made based on UnitedHealthcare’s clinical policy requirements for coverage. Our clinical policies can be found at [UHCprovider.com/policies](https://UHCprovider.com/policies)

[UnitedHealthcare Community Plan](#)

## Specialty Pharmacy Requirements

Effective on or after April 1, 2020, we will implement new requirements for facilities to obtain select specialty medications from specialty pharmacies for these medications being administered in their outpatient facilities for UnitedHealthcare Community Plan Members in **Pennsylvania** and **Texas**.

### What You Need to Know

- Hospitals will be required to acquire certain specialty medications from designated specialty pharmacies when they're administered in an **outpatient hospital setting** unless otherwise authorized by us.
- Hospitals **may not bill for the medication**, because our specialty pharmacies will bill us directly under the member's medical benefit.
- Hospitals may not bill members for the medication.
- Hospitals may **only bill for the appropriate code** to administer the medication.
- Hospitals may also be subject to other administrative actions based on their participation agreements.

We may deny, in whole or in part, any claim when you use a non-participating specialty pharmacy provider, wholesaler or directly purchase from the manufacturers without prior approval from us.

The **list of affected products and suppliers** can be found at [UHCprovider.com/policies](https://UHCprovider.com/policies).



Please contact your Provider Care Advocate or Network Contract Manager.

[UnitedHealthcare Community Plan](#)

## Medical Policy Updates

Access the [Community Plan Medical Policy Update Bulletin: March 2020](#) for complete details on the latest updates.

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## Reimbursement Policy

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located at [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.



# UnitedHealthcare Medicare Advantage

Learn about Medicare policy  
and guideline changes.

## [Pharmacy Appeal Updates](#)

You may enroll to email clinical information for prior authorization and appeal requests for Medicare pharmacy claims. This process is a secure, HIPAA-compliant, electronic environment. >

## [UnitedHealthcare Medicare Advantage](#)

# Pharmacy Appeal Updates

## Reduce Faxing and Enroll Today

You may now enroll to email clinical information for prior authorization and appeal requests for Medicare pharmacy claims. This process will allow you to send and receive clinical documents in a secure, **HIPAA-compliant**, electronic environment, allowing you more time with your patients and less time on paperwork.

## How It Works

1. Enroll [here](#). This process doesn't require you to have a DocuSign account and there is **no cost to you**.
2. After you enroll, any Medicare prior authorization and appeal requests that requires additional information will be requested through an email from DocuSign. The process is secure, requiring a **unique code specific to you to access the file**.
3. The clinical information form will include patient and drug-specific clinical questions needing your response, and allow you to add relevant information like chart notes and lab values.
4. You have the option to save, download or print your documents.



For more information, please contact the Pharmacy Appeal Team at [UCSAGpharmacy@uhc.com](mailto:UCSAGpharmacy@uhc.com).



# UnitedHealthcare Affiliates

Learn about updates with our company partners.

## [New Member ID Cards for UnitedHealthcare Oxford Commercial Plans](#)

Some UnitedHealthcare Oxford commercial members are receiving new member ID cards as part of our continued effort to streamline the administrative experience. >

## [Prior Authorization and Site of Service Reviews](#)

UnitedHealthcare Oxford commercial benefit plans MR/CT imaging procedures that are already subject to prior authorization and medical necessity requirements will be subject to site of service medical necessity reviews on or after June 1, 2020. >

## [UnitedHealthcare Affiliates](#)

# New Member ID Cards for UnitedHealthcare Oxford Commercial Plans

As part of our efforts to streamline the administrative experience for UnitedHealthcare Oxford commercial plans, we're providing members with new member ID cards that show:

- A new **11-digit** ID number
- A **numeric-only** Group number
- [UHCprovider.com](https://UHCprovider.com) on the back of the card

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

### When Your Patients See You for Care:

- 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](#).



If you have questions, call Provider Services at **800-666-1353**. When you call, provide your National Provider Identifier (NPI) number.



## [UnitedHealthcare Affiliates](#)

# Prior Authorization and Site of Service Reviews

**Effective on and after June 1, 2020, MR/CT imaging procedures** that are subject to prior authorization and medical necessity requirements will be subject to site of service medical necessity reviews for **UnitedHealthcare Oxford commercial benefit plans**.

We'll use the criteria set forth in our *Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service* clinical policy (communicated in the November 2019 edition of the *Network Bulletin*) to facilitate site of service medical necessity reviews.

- On or after June 1, 2020, you can find the policy at [UHCprovider.com/policies](https://UHCprovider.com/policies) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#).
- Until then, you can find the clinical policy, including the list of the codes, in the [Oxford Policy Update Bulletin: March 2020](#).

We'll only conduct site of service medical necessity reviews if the MRI or CT procedure will be performed in an outpatient hospital setting.

## Completing the Prior Authorization (Precertification) Process

The process for completing the prior authorization (precertification) request and timeframes remains the same. For MRI/CT procedures, all pre-certification requests are handled by eviCore healthcare.

To pre-certify a procedure, please contact eviCore healthcare using one of these two options:

- Sign in to the eviCore healthcare site by using the Prior Authorization and Notification tool.
- Call eviCore healthcare at **877-773-2884**.



If you have questions, please contact Provider Services at **877-842-3210**.

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