OCTOBER 2019

network bulletin

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

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UnitedHealthcare®

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Smart Edits Help Speed Up Your Claims Cycle

Our Smart Edits claims tool catches errors and gives you an opportunity to resolve and resubmit a claim before it enters the claims cycle — so you can get paid faster. Within 24 hours of submission, Smart Edits triggers a notification that clearly identifies the error, keeping you one step ahead of potential claims issues. Once notified of the error, you'll have five days to make changes and resubmit the claim.

If you submit claims for eligible Payer ID numbers, you may already get Smart Edits on your 277CA clearinghouse reject report. Eligible Payer ID numbers include: 87726, 03432 (AZ); 96385 (KS); 95467 (MI); 86050 (MO); 86047 (NJ); 95378 (TN); 78857, 65088, LIFE1 and 36273.

For more information on how Smart Edits could speed up your claims cycle, visit **UHCprovider.com/smartedits**.

Getting Started with Smart Edits

Check your 277CA report and look for a Smart Edits notification. If you aren't receiving edit notifications, contact your software vendor. The message will explain why the claim was returned and provide direction on how to correct the claim for re-submission. Refer to the **Smart Edits Guide** for more information.

Review and modify the claim by responding to the edit message on the 277CA clearinghouse reject report within five days to minimize potential rework or denials. The more accurate the claim, the faster it can be approved and the quicker you'll be paid for the services you deliver. A Smart Edit will carry the resubmission date, not the original date of claim submission.

Learn More

For more information about Smart Edits, contact the EDI Support Team at **supportedi@uhc.com** or call **800-842-1109**.

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Coming Soon: Individual Health Record™

Across the health care ecosystem, we have fragmented health data. Getting access to and making sense of this data can be challenging because health systems were never designed to talk to each other.

We want to help improve the health of your patients by creating a comprehensive story of their health and can start to do this with UnitedHealthcare's Individual Health Record (IHR).

What is the IHR?

The IHR technology platform provides a comprehensive digital record of a patient's health care history. The IHR consolidates and securely stores a patient's health data in one place even if patients see other providers, and it will provide comprehensive, actionable information and tailored insights to provider collaboration and care coordination for your patients. IHR complements your existing UnitedHealthcare population health tools and your EMR (electronic medical record) by bridging the patient data gaps that may exist today.

What's in the IHR?

The patient's health data may include prior treatments, procedures, conditions, and medications prescribed. The type of data and the way we have displayed the data in the IHR, we believe can help you address care opportunities, improve overall patient visit efficiency and reduce the time your staff spends coordinating patients you may have.

With IHR, you're equipped with information that allows you to have more deliberate and collaborative discussions with your patients to help them make better health care decisions. Why? Because the IHR is:

- **Dynamically comprehensive.** Making it easy to see data between care providers in near-real time to make more informed health care decisions.
- **Delivering actionable intelligence**. Synthesizing the data to create insights among individual health events.
- **Supporting health care collaboration.** Delivering a unified record of your patient's history across the health networks and payers.

We are pleased to announce that the UnitedHealthcare IHR has begun the rollout and is coming to you by the end of the year. Watch for more details in the coming months and visit UHCprovider.com/IHR.

Contact the dedicated IHR service team at **888-761-0346** to be one of the early IHR adopters and request access.

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New Cancer Therapy Pathways Program

On Nov. 1, 2019, UnitedHealthcare will introduce a new Cancer Therapy Pathways Program to promote the use of clinically appropriate, safe, and cost-effective therapies.

The program is intended to improve quality and value in cancer care by supporting the use of therapies supported by evidence-based guidelines to improve outcomes. The program's regimens are selected on the basis of clinical benefit (efficacy) and side-effect profile (toxicity). Among regimens with comparable efficacy and toxicity, additional consideration is given to the frequency of hospitalizations during treatment, duration of therapy, drug costs and total cost of care.

How the Program Will Work

The program will be available for most common cancer types and will include options for defined biomarkers subsets and lines of therapy. However, given the complexity of cancer, we don't expect to have a pathway for every medical condition.

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.

Cancer Therapy Pathways will be available through our Cancer Guidance Program online tool, through Link, when submitting an authorization request for any UnitedHealthcare commercial plan (excluding UnitedHealthcare Oxford commercial plans), UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage Plan members. Selection of a pathway regimen is not required to receive a prior authorization for therapy. UnitedHealthcare's criteria for coverage determinations for cancer therapies will not change as a result of this program.

Rewards for voluntary participation in the Cancer Therapy Pathways Program will be available starting in 2020 for some UnitedHealthcare commercial plans. More information on the eligibility for the program and rewards will be forthcoming.

Learn More

If you have questions, please email **unitedoncology@uhc.com**.

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Radiology Program Procedure Code Changes

Beginning Jan. 1, 2020, UnitedHealthcare will require notification and prior authorization for magnetic resonance spectroscopy. Claims with dates of service on or after Jan.1, 2020, will be subject to these changes.

Code	Code Description
76390	Magnetic Resonance Spectroscopy (MRS)

For the most current list of CPT® codes for which notification/prior authorization is required, go to **UHCprovider.com/radiology** > Specific Radiology Programs.

These requirements do not apply to advanced imaging procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay.

Learn More

For complete details on this radiology protocol, please refer to the current **UnitedHealthcare Care Provider Administrative Guide** available online at UHCprovider.com > Menu > **Care Provider Administrative Guides and Manuals**.

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial and UnitedHealthcare Oxford commercial plans. To view it, go to **UHCprovider.com/pharmacy**.

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Outpatient Injectable Chemotherapy and Related Cancer Therapies Prior Authorization/ Notification Updates

Beginning Jan. 1, 2020, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for outpatient injectable chemotherapy and related cancer therapies. These additional codes will require prior authorization for the fully insured UnitedHealthcare commercial plan members, UnitedHealthcare Community Plan members and UnitedHealthcare Medicare Advantage members who require prior authorization today for outpatient injectable chemotherapy and related cancer therapies for a cancer diagnosis:

- Decitabine (J0894)

- Lanreotide (J1930)

- Octreotide (J2353)

- Octreotide acetate (J2354)

- Ibritumomab tiuxetan (A9543)

If a member receives these drugs in an outpatient setting between Oct. 1, 2019 and Dec. 31, 2019, you don't need to request prior authorization until you administer a new chemotherapy drug or related cancer therapy. We'll authorize the drug the member was receiving prior to Jan. 1, 2020. The authorization will be effective until Dec. 31, 2020.

Changes to Advance Notification and Prior Authorization Requirements

View the Upcoming Changes to Advance Notification and Prior Authorization Requirements bulletin to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > **2019 Summary of Changes**.

We make these changes as part of our ongoing responsibility to evaluate medical policies, clinical programs and health benefits compared to the latest scientific evidence and medical specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, improved health outcomes and lower costs.

To see current prior authorization requirements for all plans, please visit UHCprovider.com/priorauth > **Advance Notification and Plan Requirement Resources** > Select a Plan Type.

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Prior Authorization Requirements for Post-Acute Inpatient Care

Starting Oct. 1, 2019, we'll be making changes to prior authorization requirements for post-acute inpatient care for UnitedHealthcare Medicare Advantage Plan and UnitedHealthcare Community Plan members.

Why We're Making These Changes

We regularly make changes to prior authorization requirements as 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. These evaluations are part of our commitment to the Triple Aim of better quality, improved health outcomes and lower cost for our members. Following the prior authorization process will also help ensure continuity of care for your patients who are our members.

What's Changing for UnitedHealthcare Medicare Advantage Plan Members

Facilities that provide post-acute inpatient services have been required since Jan. 1, 2019, to request prior authorization and receive a pre-service determination before UnitedHealthcare Medicare Advantage Plan members can be admitted to a post-acute care facility or a post-acute care bed in one of the following types of facilities:

- Acute inpatient rehabilitation
- Critical access hospitals that provide post-acute services
- Long-term acute care hospitals
- Skilled nursing facilities

These UnitedHealthcare Medicare Advantage benefit plans include UnitedHealthcare Dual Complete®, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Connected – TX (Medicare-Medicaid plan) and UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid plan).

Beginning Oct.1, 2019, we'll deny claims for all post-acute inpatient services if a Medicare Advantage member is admitted to a post-acute care facility without an approved prior authorization request. Members can't be billed for services denied due to the care provider's failure to complete the prior authorization process.

How to Submit a Prior Authorization Request

It's easy to request prior authorization using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com/paan** to get started and then upload clinical information.

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

If you're unable to use the Prior Authorization and Notification tool on Link, you can call 877-842-3210. Care providers in Georgia, Illinois and Indiana who can't use the Link tool and are requesting a prior authorization for UnitedHealthcare Medicare Advantage members should call 855-851-1127 or fax the request to 844-244-9482. If you call in your request, we'll let you know if clinical information is required.

Admission Notification

You're still required to provide admission notification once you admit the UnitedHealthcare Medicare Advantage plan member to the facility because timely admission notification is a key element of providing coordinated care for UnitedHealthcare members. However, for facilities providing post-acute inpatient services that will require an approved prior authorization request, we're removing reimbursement reductions when there is a lack of timely admission notification starting Oct. 1, 2019.

If you have questions, please call Provider Services at **877-842-3210**, 24 hours a day, seven days a week.

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Prior Authorization Requirements for Post-Acute Inpatient Care

What's Changing for UnitedHealthcare Community Plan Members

Starting Oct. 1, 2019, facilities that provide post-acute inpatient services will now need to request prior authorization and receive an approval before a UnitedHealthcare Community Plan (Medicaid) member in **Arizona, Ohio or Rhode Island** can be admitted to a post-acute care facility or a post-acute care bed in one of these facility types:

- Acute inpatient rehabilitation (AIR)
- Long-term acute care hospitals (LTAC)
- Skilled nursing facilities (SNF)
- Critical access hospitals that provide post-acute services

Prior authorization for these services continues to be a requirement for UnitedHealthcare Community Plan members in:

- Florida
- Hawaii
- Kansas
- Louisiana
- Maryland
- Michigan
- Nebraska
- New Jersey
- New York
- Pennsylvania
- Tennessee
- Virginia
- Wisconsin

Post-Admission Review

To help set a consistent concurrent review timeline for facilities, starting Oct. 1, 2019, we'll conduct an initial review between days seven and 10 of the UnitedHealthcare Community Plan member's admission. After that, our concurrent reviews will be every seven days until discharge. Our SNF registered nurse will work with you during these reviews.

Coverage Determination

Once you've submitted a prior authorization request, our nurses and medical directors will review the information and make a coverage determination. We'll notify you once we've made a decision.

Admission Notification

This change doesn't affect any existing admission notification requirements. You still need to provide admission notification according to our admission notification protocol.

We're Here to Help

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

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Updates to Requirements for Specialty Medical Injectable Drugs

We're committed to providing UnitedHealthcare members with access to quality, medically appropriate medications at the lowest possible cost. As part of this commitment, we're making regular updates to our requirements for certain specialty medications for many of our UnitedHealthcare commercial, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage members. These requirements apply to members new to therapy and members already receiving these medications. The requirements stated below apply to all applicable billing codes assigned to these drugs, including any Q or C codes that the Centers for Medicare & Medicaid Services (CMS) may assign.

We encourage you to check whether a medication is covered before providing services. If you request notification/prior authorization, please wait for our determination before providing services.

Scope of Changes for UnitedHealthcare Commercial Plans

The following changes and requirements applied to UnitedHealthcare commercial plans, including affiliate plans such as UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the River Valley, UnitedHealthcare Oxford, UMR and Neighborhood Health Partnership.

UnitedHealthcare Commercial Plan Outpatient Medical Benefit Injectable Medication Prior Authorization Process Change for Certain Specialty Drugs

Effective Oct. 1, 2019, Optum – an affiliate company of UnitedHealthcare – started managing prior authorization requests for certain medical benefit injectable medications for UnitedHealthcare commercial plan members. This included the affiliate plans UnitedHealthcare of Mid-Atlantic, Inc., Neighborhood Health Partnership and UnitedHealthcare of the River Valley. You should continue to request notification/prior authorization for UnitedHealthcare Oxford, UMR, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage members through the existing processes until future notice.

The new process is designed to ease your administrative burden of obtaining a prior authorization while also reducing the turnaround time for a determination. The system will document clinical requirements during the intake process and prompt you to provide responses to the clinical criteria questions. Please attach medical records, if requested, to support the review.

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Updates to Requirements for Specialty Medical Injectable Drugs

Sign up for a Provider and Office training session on MBMNow by selecting the Registration Link for at least one of the following sessions:

Audience	Training Subject	Session #6	Session #7
External Providers	**System Overview Training***	Oct. 1 1 – 2 p.m. **Registration Link**	Oct. 4 1 – 2 p.m. **Registration Link**

System Overview Training sessions #1 - #5 were in September

Audience	Training Subject	Session #2	Session #3	Session #4	Session #5	Session #6
External Providers	**System Q&A***	Oct. 3 11:30 a.m. – 12 p.m. **Registration Link**	Oct. 7 1:30 p.m. – 2 p.m. **Registration Link**	Oct. 8 11:30 a.m. – 12 p.m. **Registration Link**	Oct. 10 1:30 p.m. – 2 p.m. **Registration Link**	Oct. 14 11:30 a.m. – 12 p.m. **Registration Link**

System Q&A session #1 was in September. All times are in Central Time Zone

You'll need to use a new process to request a prior authorization once the existing authorization expires or if you change the therapy.
Changes in therapy include place of therapy, dose or frequency of administration. Active prior authorizations that were obtained through the current process will remain in place.

How the New Process Works
You'll submit prior authorization requests online using the Specialty Pharmacy Transactions tool on Link.

- Sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner.

- Select the Specialty Pharmacy Transactions tile on your Link dashboard. You will be directed to the new website we're using to process these authorization requests

- Be sure to attach medical records, if requested.

Learn more at **UHCprovider.com/paan**.

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Updates to Requirements for Specialty Medical Injectable Drugs

Please use the new process when requesting notification/prior authorization for a specialty medication listed under the injectable medications section on the **Enterprise Prior Authorization List**, or a medication that is required to be provided by BriovaRX® specialty pharmacy according to the UnitedHealthcare Administrative Guide. To view the guide, go to UHCprovider.com > Menu > Administrative Guides and Manuals > Administrative Guide for Commercial, Medicare Advantage and DSNP > **2019 UnitedHealthcare Administrative Guide**. You may also contact Optum directly at **888-397-8129** to get help with prior authorization. Examples of the medications that will be managed under the new process include:

Class or Use	Drug Examples
Alpha1-Proteinase Inhibitors	Aralast NP™, Glassia®, Prolastin-C® or Zemaira®
Asthma	Cinqair®, Fasenra™, Nucala® or Xolair®
Blood Modifiers	Soliris® or Ultomiris™
Botulinum Toxins A and B	Botox®, Dyport®, Myobloc® or Xeomin®
Central Nervous System Agents	Spinraza™, Exondys-51®, Onpattro™ or Radicava™
Endocrine	Crysvita® or H.P. Acthar gel®
Enzyme Deficiency	Brineura, Fabrazyme®, Lumizyme® and Revcovi™
Enzyme Replacement Therapy for Gaucher's Disease	Vpriv®, Cerezyme® or ®Elelyso
Gonadotropin Releasing Hormone Analogs	Lupron Depot®, Triptodur® and Zoladex®
Gene Therapy	Luxturna™
HIV Agents	Trogarzo™
Immune Globulin	Bivigam®, Gamunex®-C, Gammagard®, HyQvia® and Privigen ®
Immunomodulatory Agents	Ilaris®, Benlysta® or Gamifant®
Inflammatory Agents	Remicade®, Entyvio®, Orencia® IV and Ilumya™
Multiple Sclerosis Agents	Ocrevus® or Lemtrada®
Neutropenia	Neulasta®, Fulphila® or Udenyca®
Opioid Addiction	Sublocade™ or Probuphine®
Osteoarthritis	Sodium Hyaluronate such as Durolane®, Euflexxa® or Gelsyn™
RSV Prevention	Synagis®

If you have any questions, please call Provider Services at the number on the member's ID card.

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Updates to Requirements for Specialty Medical Injectable Drugs

Drugs Requiring Notification/Prior Authorization

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses	Summary of Changes
NEW						
Cutaquig®	See dates to the right	Oct. 1, 2019	Jan. 1, 2020	N/A	Used to treat Primary Humoral Immunodeficiency (PI) in adult patients.	Notification/prior authorization required. For UnitedHealthcare commercial members, if Cutaquig is requested in the outpatient hospital setting, this site of care will be reviewed for medical necessity.
Erythropoiesis-Stimulating Agents Procrit® Epogen®	Jan. 1, 2020	X	X	See Step Therapy Prior Authorization Requirements for Medicare Advantage Plans below	Used to treat anemia due to myelosuppressive chemotherapy, chronic kidney disease (CKD), and zidovudine therapy for patients with HIV-infection.	Notification/prior authorization required for J0885. This requirement only applies to non-end stage renal disease patients.
Esperoct®	Jan. 1, 2020	X	N/A	N/A	Used to treat hemophilia A for on-demand treatment and control of bleeding episodes, perioperative management of bleeding, and routine prophylaxis to reduce the frequency of bleeding episodes.	Notification/prior authorization required.
Xembify®	Jan. 1, 2020	X	X	N/A	Used to treat Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older.	Notification/prior authorization required. For UnitedHealthcare commercial members, if Xembify is requested in the outpatient hospital setting, this site of care will be reviewed for medical necessity.

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Updates to Requirements for Specialty Medical Injectable Drugs

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.

For UnitedHealthcare Community Plan members, coverage 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 the managed care organizations, such as UnitedHealthcare, or they may provide other coverage guidelines and protocols. We encourage you to verify benefits for your patients before submitting the prior authorization request or administering the medication.

Changes to Drug Policies

Drug Policy Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses	Summary of Changes
Updates						
Erythropoiesis — Stimulating Agents	Jan. 1 2020	X	X	See Step Therapy Prior Authorization Requirements for Medicare Advantage Plans below	Used to treat anemia due to myelosuppressive chemotherapy, chronic kidney disease (CKD) in patients on dialysis and not on dialysis, zidovudine therapy in patients with HIV-infection.	Policy includes preferred product coverage criteria. Retacrit must be used prior to the coverage of Epogen or Procrit.

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 Jan. 1, 2020.

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Updates to Requirements for Specialty Medical Injectable Drugs

Step Therapy Prior Authorization Requirements for UnitedHealthcare Medicare Advantage Plans – Effective Jan. 1, 2020

For dates of service on or after Jan. 1, 2020, step therapy prior authorization is required for the following Part B medications and other Part B covered items that are non-preferred products. Preferred medications/items (marked with an* and bolded) do not require prior authorization.

Step Therapy Category	Preferred	Drug/Medical Device Name	HCPCS Code
Hyaluronic Acid Polymers	**Yes**	***Gelsyn-3**	J7328
(FDA approved as medical devices)	**Yes**	***Durolane**	J7318
	Yes	***Synvisc or Synvisc-One**	J7325
	No	GenVisc 850	J7320
	No	Hyalgan, Supartz, Supartz FX, Visco-3	J7321
	No	Hymovis	J7322
	No	Euflexxa	J7323
	No	Orthovisc	J7324
	No	Gel-One	J7326
	No	Monovisc	J7327
	No	Trivisc	J7329
	No	Synojoynt	J7331
	No	Triluron	J7332
Immunomodulators	**Yes**	***Inflectra (Infliximab-DYYB)**	Q5103
	Yes	***Renflexis (Infliximab-ABDA)**	Q5104
	No	Remicade (Infliximab)	J1745
Erythropoiesis-Stimulating Agents	**Yes**	***Retacrit (Epoetin Alfa - EPBX)**	Q5106
	No	Procrit (Epoetin Alfa)	J0885
Note: Epogen (Epoetin Alfa) and Mircera (Methoxy PEG-Epoetin Beta) are not subject to step therapy requirement	No	Aranesp (Darbepoetin Alfa)	J0881
Nebulizer Solutions (Dispensed at a pharmacy)	**Yes**	***Perforomist**	N/A
Nebulizer Solutions (Dispensed at a pharmacy)	No	Brovana	N/A

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Updates to Requirements for Specialty Medical Injectable Drugs

Step therapy prior authorization requirements do not apply for members who are currently and actively receiving medications/medical devices (members with a paid claim within the past 365 days) on the list.

Step therapy prior authorizations apply to UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Complete plans, UnitedHealthcare Connected plans and Medica HealthCare and Preferred Care Partners plans of Florida.

Plans excluded from Step Therapy Prior Authorizations include Medicare Advantage plans offered in Arizona, California, Colorado, Hawaii, Nevada and Washington; People's plans in Louisiana; PFFS and Erickson plans.

Employer Group Medicare Advantage plans Nationwide are only participating in the Hyaluronic Acid Polymers category. Employer Group Medicare Advantage plans are excluded from Step Therapy Prior Authorizations for all other Step Therapy Drugs. Group plans excluded from the Hyaluronic Acid Step therapy are the following:

- All Group HMO plans
- Select Group PPO plans: Pfizer, Navistar, Johnson & Johnson, Bristol-Myers Squibb, Verizon

How the Step Therapy Prior Authorization Process Will Work for UnitedHealthcare Medicare Advantage Plans

The process of requesting authorization for coverage of a Part B medication covered by this policy is called an organization determination.

In general, an organization determination conducted as part of our prior authorization process for this policy will evaluate the following:

- Terms of the member's benefit plan
- Trial and failure of preferred products
- Applicable Medicare guidance
- Member's treatment history
- Dosage recommendation from the FDA-approved labeling

Additional criteria may be considered. We encourage you to submit any information you would like us to review as part of your step therapy prior authorization request. We will inform you and our member once a decision on the coverage determination request has been made. This will take no more than 72 hours (24 hours for expedited requests). This notification will include appeal rights if the coverage decision is unfavorable.

Questions related to the Part B Step Therapy Program or to submit a prior authorization request

Please use one of the following methods:

- Go to **UHCprovider.com/priorauth**.
- Call the Provider Services phone number on the back of the member's health care identification card.

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Updates to Requirements for Specialty Medical Injectable Drugs

New and Updated Procedure Codes for Injectable Medications – Effective Oct. 1, 2019

Effective Oct. 1, 2019, new procedure codes were created for certain drugs due to updates from the Centers for Medicare & Medicaid Services (CMS). Correct coding rules dictate that assigned and permanent codes should be used when available. The following injectable medications that may be subject to prior authorization and/or Administrative Guide Protocols will have new codes:

Drug Name	New Code
Onpattro	J0222
Ultomiris	J1303
Evenity	J3111
Synojoynt	J7331
Triluron	J7332
Gamifant	J9210

More Fax Numbers Being Retired

As part of our ongoing commitment to paperless processes and workflows, fax numbers that you may have used in the past will be retiring effective Jan. 1, 2020. These retiring numbers are:

- **801-994-1077**
- **801-994-1106**
- **801-994-1343**
- **801-994-1398**
- **801-994-1080**
- **801-994-1207**
- **801-994-1347**

For fast delivery and confirmation of receipt, submit electronically by going to **UHCprovider.com/Link** – your gateway to UnitedHealthcare's online tools – through UHCprovider.com. With Link tools, you can get eligibility and benefit details, submit referrals, manage claims and prior authorizations, submit claim reconsideration and even manage your demographic information that appears in our provider directory. It can help you save time, improve efficiency and reduce errors caused by conventional submission practices.

Questions?

If you haven't used our tools before, we have resources to make it easy for you to get started. Go to UHCprovider.com to get a quick reference guide, watch a short video tutorial or register for a training webinar. If you're unable to use the online tools, visit UHCprovider.com or call Provider Services at 877-842-3210 for more information.

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Medical Policy Updates

Access a **Policy Update Bulletin** from the following list for complete details on the latest updates:

UnitedHealthcare Commercial & Affiliates
[UnitedHealthcare Commercial Medical Policy Update Bulletin: October 2019](#)
[UnitedHealthcare Oxford Policy Update Bulletin: October 2019](#)
[UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: October 2019](#)
[UnitedHealthcare West Medical Management Guideline Update Bulletin: October 2019](#)
UnitedHealthcare Community Plan
[UnitedHealthcare Community Plan Medical Policy Update Bulletin: October 2019](#)
UnitedHealthcare Medicare Advantage
[Medicare Advantage Coverage Summary Update Bulletin: October 2019](#)
[Medicare Advantage Policy Guideline Update Bulletin: October 2019](#)

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UnitedHealthcare Renews Agreement with KCI for Negative Pressure Wound Therapy

On Oct. 1, 2019, UnitedHealthcare and KCI, a wound care company, will expand their relationship to include access to KCI's iON Progress Care Network, composed of remote monitored negative pressure wound therapy devices and patient support services, for most UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan members.

UnitedHealthcare members who meet the medical criteria for negative pressure wound therapy and have services provided by KCI will have a dedicated virtual therapy specialist from KCI assigned to monitor therapy adherence as a clinically trained wound care resource and an expert in V.A.C. ® (Vacuum Assisted Closure) Therapy for the duration of their KCI order. One-on-one training sessions with wound care clinicians and a 24/7 help line are available to individuals with questions about their device.

You don't need to take any action to enroll a member in this program. When appropriate, KCI will contact the member and their prescribing physician about the remote monitoring program.

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UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

Cancer Screening Educational Series

UnitedHealthcare and the American Cancer Society are offering a cancer screening educational series on UHC On Air to help promote cancer screening. ›

Medical Record Review for 2019 Dates of Service

We may request 2019 medical records from you to comply with a requirement for certain UnitedHealthcare commercial Affordable Care Act (ACA)-covered health plans. ›

New Medicare Severity Diagnosis Related Groups

The Centers for Medicare & Medicaid Services (CMS) announced its update to the Medicare Severity-Diagnosis Related Group (MS-DRG) methodology that takes effect Oct. 1, 2019. ›

New Controlled Substance e-Prescription Requirement for OptumRx®

Starting Jan. 1, 2020, OptumRx® will only accept e-prescriptions for opioids and other controlled substances for home delivery pharmacy service. ›

UnitedHealthcare Commercial Medical Policy Update

UnitedHealthcare provides complete details online for recently approved, revised and retired UnitedHealthcare Commercial Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines (CDG), Utilization Review Guidelines (URG) and Quality of Care Guidelines (QOCG). ›

OptumRx to Retire Fax Numbers Used for Pharmacy Prior Authorization

Starting Oct. 1, 2019, OptumRx will begin retiring fax numbers used for pharmacy prior authorization requests for all plans managed by OptumRx. ›

UnitedHealthcare Commercial Reimbursement Policy Updates ›

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UnitedHealthcare Commercial

UnitedHealthcare and American Cancer Society Work to Increase Cancer Screening

UnitedHealthcare and the American Cancer Society are offering a cancer screening educational series on UHC On Air to help promote cancer screening services. As part of this series, a breast cancer screening broadcast will be on Oct. 15, 2019, from noon to 1 p.m. Central Time.

Topics will include:

- A Healthcare Effectiveness Data Information Set (HEDIS®) Overview
- Breast cancer screening Healthcare Effectiveness Data and Information Set (HEDIS®) Measure, National Committee for Quality Assurance (NCQA) Technical Specifications
- Tips and best practices
- Additional resources
- Breast cancer disease overview
- National breast cancer statistics
- Types of breast cancer screening tests

The series provides an overview on how UnitedHealthcare and the American Cancer Society can work with you to increase cancer screening rates for your patients. We'll also offer Continuing Medical Education (CME) credits – at no cost to you with this series.

Follow these steps to access the series:

- Sign in to Link by going to **UHCprovider.com** and clicking the Link button in the top right corner.
- Select the UHC On Air tool on your Link dashboard, then choose the UHC News Now Channel.
- Click **here** to watch the program on Oct. 15 from noon to 1 p.m. Central Time.

If you miss the live broadcast, you can watch the program on demand. Follow these steps to access the program on demand:

- Sign in to Link by going to **UHCprovider.com** and clicking the Link button in the top right corner.
- Select the UHC On Air tool on your Link dashboard, then choose the UHC News Now Channel, then UHC Quality Improvement series.

At the end of each program, you'll need to answer a series of questions and pass with at least an 80% score to earn the educational credit certificate. You can download the certificate from your UHC On Air profile, and we'll automatically email a copy to you after completion.

If you have questions about the Cancer Screening series, email **uhconair@uhc.com**. We'll respond within 48 to 72 hours.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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UnitedHealthcare Commercial

Medical Record Review for 2019 Dates of Service

We're required by the Department of Health & Human Services (HHS), under the Affordable Care Act (ACA), to submit complete diagnostic information about members enrolled in certain UnitedHealthcare commercial ACA-covered health plans. To comply with this requirement, we may request medical records from you from **Nov. 25, 2019** through **March 20, 2020**.

What This Means to You

If you're selected for a medical record review, UnitedHealthcare will ask you to provide information for 2019 dates of service for a certain number of your patients. To reduce the potential for administrative burden on your office, we use the records received through this request for other appropriate health care operations, for example, monitoring compliance with Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

Optum and Ciox Health, a health technology company, will conduct these reviews, coordinate record retrieval and do clinical coding reviews on UnitedHealthcare's behalf. They will request records for members in UnitedHealthcare commercial ACA-covered health plans.

What You Will Need to Do

All requested medical records and documentation will need to be completed **March 20, 2020** to meet the HHS deadline for these record requests.

Medical Record Documentation Required:

When you get the request, you'll be asked to provide the following documentation:

- Consult notes
- Discharge summary
- Emergency department records
- History and physical notes
- Operative and pathology notes
- Patient demographics sheet
- Physical, speech and/or occupational therapist reports
- Physician orders
- Problem list
- Procedure notes/reports
- Progress notes and/or SOAP notes for face-to-face office visit
- Signature Log*

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UnitedHealthcare Commercial

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Medical Record Review for 2019 Dates of Service

*HHS requires us to validate care provider signatures and qualifications for each medical record we review. **Please provide a signature log, with credentials to identify signatures of physicians, physician assistants and nurse practitioners who are mentioned in or have annotated medical records.**

Questions?

If you have any questions about the scheduling of the review:

- Call CIOX Health at **877-445-9293**, 7 a.m. to 8 p.m., Central Time, Monday through Friday
- Email **chartreview@cioxhealth.com**

New Medicare Severity Diagnosis Related Groups

Each year, the Centers for Medicare & Medicaid Services (CMS) updates the Medicare Severity-Diagnosis Related Group (MS-DRG) methodology. As published in the Inpatient Prospective Payment System (IPPS) Final Rule on Aug.16, 2019, CMS announced implementation of MS-DRG grouper version 37, effective Oct. 1, 2019, which includes new MS-DRGs.

For contracts with MS-DRGs impacted by this update, the rates for new MS-DRGs will be based on rates for existing MS-DRGs where these procedures were grouped prior to Oct. 1, 2019. Please contact your UnitedHealthcare Network Manager if you have questions.

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UnitedHealthcare Commercial

New Controlled Substance e-Prescription Requirement for OptumRx®

Starting Jan. 1, 2020, OptumRx® will only accept e-prescriptions for opioids and other controlled substances for home delivery pharmacy service. Non-electronic prescriptions will not be filled. To provide additional time to prepare for this requirement, the start date has been extended since the previous notification posted in the August 2019 Network Bulletin.

Why We're Making this Requirement Change

OptumRx is part of a nationwide effort to require e-prescriptions for opioids and other controlled substances for its home delivery pharmacy. We're joining with care providers and communities to help prevent opioid misuse and addiction.

Prepare to Submit e-Prescriptions

You'll need to complete a two-step authentication and other extra security measures when e-prescribing controlled substances. Please make sure your electronic medical record (EMR) system is set up for e-prescriptions and that you have reviewed the online resources OptumRx has available about e-prescribing controlled substances.

Visit **professionals.optumrx.com/epcs** to watch a short video and learn about:

- The opioid crisis and how states are responding
- The shift to mandatory e-prescribing
- How to prepare your EMR for submitting e-prescriptions
- Informational webinars available on this topic

Thank you for working with us to help make our communities safer.

UnitedHealthcare Commercial Medical Policy Update

UnitedHealthcare provides complete details on recently approved, revised and retired UnitedHealthcare Commercial Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines (CDG), Utilization Review Guidelines (URG) and Quality of Care Guidelines (QOCG).

A complete library of these policies and guidelines is available on UHCprovider.com/policies > Commercial Policies > **Medical & Drug Policies and Coverage Determination Guidelines**.

You may also request a copy of the clinical criteria by calling Provider Services at **877-842-3210**.

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UnitedHealthcare Commercial

OptumRx to Retire Fax Numbers Used for Pharmacy Prior Authorization

To help simplify administrative activities for care providers and increase the accuracy of prior authorization requests, OptumRx is going digital. Starting Oct. 1, 2019, OptumRx will begin retiring fax numbers used for pharmacy prior authorization requests for all plans managed by OptumRx. We'll send you a faxed notification before fax numbers you use are retired.

These fax numbers will be retiring in stages starting Oct. 1:

- **800-527-0531**
- **855-806-3525**
- **800-203-1664**
- **855-806-3524**
- **855-806-3526**
- **800-382-8135**

How to Submit Requests to Us

Instead of faxing, you'll use electronic Prior Authorization to submit your pharmacy prior authorization requests. Visit **professionals.optumrx.com** > Prior authorizations > Submit a prior authorization. We have online training and phone support to help you.

Due to federal and state requirements, forms including a new fax number will be available on our website for Medicare Part D and the following states:

- Massachusetts
- Rhode Island
- South Carolina
- Texas

A new fax number will also be included on the state-mandated prior authorization fax forms.

Learn More

For more information, call the OptumRx Prior Authorization team at **800-711-4555**.

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UnitedHealthcare Commercial

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:

Policy	Effective Date	Summary of Change
Molecular Pathology Policy, Professional	Nov. 1, 2019	• The new Molecular Pathology Policy will be effective beginning with dates of service on and after Nov. 1, 2019. • As previously communicated, the AMA Claim Designation code or Abbreviated Gene Name should be reported in loop 2400 or SV101-7 field for electronic claims or Box 24 for paper claims. For identification, the ZZ qualifier is required in front of the claim designation code or Abbreviated Gene Name (e.g., ZZCLRN1). • When submitting code 81479, unlisted molecular pathology, the Genetic Test Registry (GTR) unique ID should be reported in loop 2400 or SV101-7 field for electronic claims or in Box 24 for paper claims (e.g., GTR123456789). • Claims that have complied with notification or prior authorization requirements in UnitedHealthcare's Genetic Testing and Molecular Prior Authorization Program satisfy the policy's requirements without further care provider action as long as they meet UnitedHealthcare's Genetic Test Lab Registry requirements.

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UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

Fourth Quarter 2019 Preferred Drug List Update

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly. ❯

Concurrent Drug Utilization Review

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

Expanded Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures – Effective Nov. 1, 2019

We're expanding our notification/ prior authorization requirements to include certain surgical procedures and CPT® codes. ❯

UnitedHealthcare Community Plan Reimbursement Policy ❯

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UnitedHealthcare Community Plan

Fourth Quarter 2019 Preferred Drug List Update

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.

You may also view the changes at **UHCprovider.com/plans** > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.

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** to request prior authorization for the member to remain on their current medication.

Here are the changes effective Oct. 1, 2019:

PDL Additions

Brand Name	Generic Name	Comments
Advair®*	Fluticasone/salmeterol inhalation	Indicated for the treatment of asthma and chronic obstructive pulmonary disease (COPD). Prior authorization required.
Cablivi®	Caplacizumab-yhdp injection	Indicated for the treatment of acquired thrombotic thrombocytopenia purpura. Prior authorization required. Available through specialty pharmacy.
Concerta®*	Methylphenidate ER tablet	Indicated for the treatment of attention-deficit/hyperactivity disorder (ADHD). Diagnosis required. Methylphenidate ER (Concerta AB-rated generic) tablet will be added to the PDL. Methylphenidate ER (Concerta BX-rated generic) tablet will remain preferred on the PDL.
Epclusa®*	Sofosbuvir/velpatasvir tablet	Indicated for the treatment of chronic hepatitis C genotypes 1-6. Prior authorization required. Available through specialty pharmacy.
Motegrity™	Prucalopride tablet	Indicated for the treatment of chronic idiopathic constipation. Diagnosis required.
Nuzyra™	Omadacycline tablet	Indicated for the treatment of community-acquired bacterial pneumonia and acute bacterial skin and skin structure infections. Prior authorization required.
Suboxone®*	Buprenorphine/naloxone sublingual tablet	Indicated for the treatment of opioid dependence. Prior authorization required.
Symjepi™	Epinephrine injection	Indicated for the emergency treatment of allergic reactions.

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UnitedHealthcare Community Plan

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Fourth Quarter 2019 Preferred Drug List Update

PDL Additions

Brand Name	Generic Name	Comments
Victoza® 2 Pen Pack	Liraglutide injection	Indicated for the treatment of type 2 diabetes mellitus. Step therapy required.
Wixela™ Inhub™	Fluticasone/salmeterol inhalation	Indicated for the treatment of asthma and COPD. Prior authorization required.

*Only generics are preferred

Removed from PDL

Brand Name	Generic Name	Comments
FML®	Fluorometholone ophthalmic 0.1% ointment	Fluorometholone suspension and prednisolone suspension are alternate options. Current users will not be grandfathered.
FML Forte®	Fluorometholone ophthalmic 0.25% ophthalmic suspension	Fluorometholone suspension and prednisolone suspension are alternate options. Current users will not be grandfathered.
Lotemax®	Loteprednol etabonate 0.5% ophthalmic suspension	Fluorometholone suspension and prednisolone suspension are alternate options. Current users will not be grandfathered.
Prodigen™	Probiotic capsule	Align, Culturelle and Floranex are alternate options. Current users will not be grandfathered.
Provad	Probiotic capsule	Align, Culturelle, and Floranex are alternate options. Current users will not be grandfathered.

PDL Update Training on UHC On Air

We have an on-demand video highlighting this quarter's more impactful PDL changes. Here's how to watch it:

- Access Link by going to **UHCprovider.com** and clicking the Link button in the top right corner to sign in. If you don't have access to Link, select the New User button.

- Select the UHC On Air tile on your Link dashboard. From there, go to **Choose Your State**, and click on **UHC Community Plan**. You'll find the Preferred Drug List Q4 Update in the videos listings.

- To learn more about Link, visit **UHCprovider.com/link**.

Learn More

If you have questions, please call our Pharmacy Department at **800-310-6826**.

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UnitedHealthcare Community Plan

Concurrent Drug Utilization Review

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

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

Safety edits will be implemented on **Oct. 1, 2019** in the pharmacy systems to review the member's current medications for the following:

- **Therapeutic Duplication:** Identifies potential duplications to prevent members from taking more than one drug in the same drug class.

The following drug classes and cDUR edits will also be added to UnitedHealthcare Community Plan:

cDUR Edit	Drug Class	States in Scope
Therapeutic Duplication	GLP-1 and DPP-4	Arizona, California, Florida FHK, Florida MMA, Hawaii, Kansas, Louisiana, Maryland, Michigan, Nebraska, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Virginia and Washington

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UnitedHealthcare Community Plan

Expanded UnitedHealthcare Community Plan Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures

Together, we've been focused on helping to work toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement will help to improve cost efficiencies for the overall health care system while still providing access to safe, quality health care.

- For dates of service on or after Nov. 1, 2019, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed **here** for UnitedHealthcare Community Plan in Maryland, Rhode Island and Washington. **We'll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.**

- Effective Jan. 1, 2020, we will also implement a notification/prior authorization requirement for UnitedHealthcare Community Plan in Michigan, Missouri and Ohio to include the procedures/CPT codes listed **here**.

- We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the links above. **Site of service medical necessity reviews will be conducted if these procedures/CPT codes will be performed in an outpatient hospital setting.**

We understand changes like these aren't always easy. We take that into serious consideration as we work together to achieve better health care outcomes and lower the cost of care. We are committed to helping you and your patients, our plan members, through these changes by providing you the information and support you may need.

Important Points

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.

- Consistent with existing prior authorization requirements, if we determine that the requested service or site isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.

- For any surgical procedures/CPT codes that are already subject to notification/prior authorization requirements, we'll continue to review the procedures to determine medical necessity.

- We only require notification/prior authorization for planned procedures.

- If you don't notify us or complete the notification/prior authorization process before the planned procedure is rendered, we may deny the claims and you won't be able to bill the member for the service.

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UnitedHealthcare Community Plan

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Expanded UnitedHealthcare Community Plan Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

Our **Outpatient Surgical Procedures – Site of Service (for Maryland, Michigan, Missouri, Ohio, Rhode Island and Washington Only) Utilization Review Guideline** includes the criteria we'll use to facilitate our site of service medical necessity reviews. It is available in our **September 2019 UnitedHealthcare Community Plan Medical Policy Update Bulletin**. On Nov. 1, 2019, the guideline will be available at UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.

Completing the Notification/Prior Authorization Process

The process for completing the notification/prior authorization request and timeframes remains the same. You can learn more about how to use the prior authorization advanced notification (PAAN) link through training, complete the notification/prior authorization process or confirm a coverage decision as follows:

- Online: Go to **UHCprovider.com/paan**
- Phone: Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday.

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.

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UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement — Clarification

Effective Oct. 1, 2019, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for most UnitedHealthcare Medicare Advantage health plan members. ❯

UnitedHealthcare Medicare Advantage

UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement — Clarification

Effective **Oct. 1, 2019**, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for most UnitedHealthcare Medicare Advantage health plan members, including AARP® MedicareComplete, UnitedHealthcare Dual Complete® and UnitedHealthcare Group Medicare Advantage plans. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. Members in Institutional SNP plans, Erickson Advantage plans, Medica and Preferred Care Partners of Florida plans and UnitedHealthcare West plans (noted by 'WEST' on the back of the member ID card) are delayed from requiring prior authorization.

UnitedHealthcare Medicare Advantage health plan members in Florida, Georgia and Wisconsin who previously required notification for outpatient injectable chemotherapy through the vendor eviCore will now be required to obtain prior authorization through Optum.

Please note, for members in plans managed by MDX Health®, Lifeprint, OptumCare® and Wellmed®, follow the delegate's process for notification.
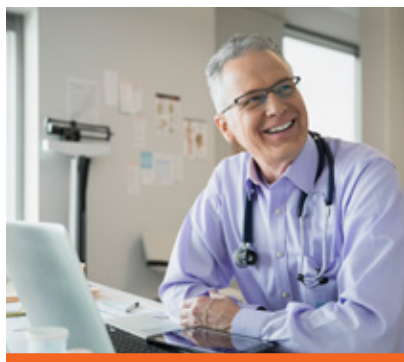
For additional information, see the **July Network Bulletin** regarding the scope of this program.

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UnitedHealthcare Affiliates

Learn about updates with our company partners.

New Member ID Cards for Some UnitedHealthcare Oxford Commercial Plan Members

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

UnitedHealthcare Oxford Reimbursement Policy Updates

Beginning Jan. 1, 2020, certain UnitedHealthcare Oxford reimbursement policies will be updated. ❯

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UnitedHealthcare Affiliates

New UnitedHealthcare Oxford Commercial Plan Members ID Cards

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** on the back of the card

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

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

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

Learn More

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

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UnitedHealthcare Affiliates

UnitedHealthcare Oxford Reimbursement Policies – Effective Jan. 1, 2020

Effective Jan. 1, 2020, UnitedHealthcare Oxford will implement the following reimbursement policies:

- Anesthesia Policy (CES)
- Procedure to Modifier Policy (CES)
- Professional/Technical Component Policy (CES)

You can currently access these policies via the **October 2019 Oxford Policy Update Bulletin**. As of Jan. 1, 2020, these policies will be available at: UHCprovider.com/policies > Commercial Policies > **UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies**.

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