

SEPTEMBER 2019

network bulletin

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

Enter



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

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



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

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New Technology Enhances Prior Authorization Process

We're implementing new enhanced functionality in our Prior Authorization and Notification tool on Link that may provide improved response times for all lines of business.

Beginning in October 2019, when you submit a Prior Authorization request for certain services in the Link Prior Authorization and Notification tool, you'll be prompted to provide clinical information and may receive improved response times on prior authorizations within the site. This is part of our efforts to help simplify your administrative responsibility and the prior authorization process. By gathering pertinent clinical information with your initial submission, UnitedHealthcare can use the information to evaluate your request, allowing for quicker decisions, and improve the efficiency of the prior authorization process.

The functionality will be released for many service categories requiring prior authorization throughout the coming months. For more specific information please access the new [Technology Enhancement Topic](#) found in the Interactive Guide for the Prior Authorization and Notification Tool which includes:

- What you can expect in the Prior Authorization and Notification tool
- Impacted service categories
- Pertinent clinical information necessary for submission
- What is the same and what is different
- Frequently Asked Questions

The feature will be rolled out to other procedures, lines of business and regions in the future.

Getting Started with our Prior Authorization and Notification Tool

If you haven't used our Prior Authorization and Notification tool before, you can learn more at UHCprovider.com/paan.

To access the Prior Authorization and Notification tool, you'll need an Optum ID. Go to UHCprovider.com/newuser to get started.



If you need help, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

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Enhancements to 278N Maternity Admissions

UnitedHealthcare recently made some improvements to Electronic Data Interchange (EDI) 278N notification submissions for maternity admissions. These changes will allow us to reduce your need to contact us for further clarification. Please ensure your system is set up to send the appropriate service code for each of the following notification types. You may need to share this information with your software vendor, clearinghouse or internal IT department.

General Maternity Admission Requirements

Admission notification from acute care hospitals allows coordination for programs related to the care setting, discharge plan and referral to after-care programs. Please make sure the following admission requirements are met for UnitedHealthcare members:

- Admission notification is required within 24 hours of all inpatient admissions.
- Part of the requirement of inpatient admissions includes maternity admissions for mothers and newborn intensive care unit (NICU) admissions when a baby is required to stay at the hospital after the mother has gone home. Notifications are only required for sick/NICU newborns.

Well-Baby Admission

For well-baby admissions, please indicate service type code 68 (UM03=68) on the 278N transaction. We'll return an electronic message for the facility's records advising notification isn't required.

EDI 278N transaction example:

```
M1*IL*1*MEMBER*NAME****MI*123456789
REF*6P*123456
DMG*D8*19890511*F
HL*4*3*EV*0
UM*AR*I*68*11:A
DTP*435*D8*20190703
CL1*3*2
```

Sick Baby NICU Admission

For sick baby NICU admissions indicate service type code NI (UM03=NI) on the 278N transaction. Notification is required.

EDI 278N transaction example:

```
M1*IL*1*MEMBER*NAME****MI*123456789
REF*6P*123456
DMG*D8*19850511*F
HL*4*3*EV*0
UM*AR*I*NI*11:A
DTP*435*D8*20190703
CL1*3*2
```

Normal Maternity Admission

For normal maternity admissions indicate service type code 69 (UM03=69) on the 278N transaction. We'll return an electronic message for the facility's records advising notification isn't required.

EDI 278N transaction example:

```
M1*IL*1*MEMBER*NAME****MI*123456789
REF*6P*123456
DMG*D8*19850511*F
HL*4*3*EV*0
UM*AR*I*69*11:A
DTP*435*D8*20190703
CL1*3*2
```

Notice of Discharge

For notice of discharge, indicate service type code 1 (UM03=1) on the 278N transaction.

EDI 278N transaction example:

```
UM*AR*I*1*11:A
DTP*435*D8*20190529
DTP*096*D8*20190601
CL1*3
MSG*AT=064400;DC=15;ICD=MATERNITY
```

Questions?



If you have questions, please contact 278 EDI Operations at 278N@uhc.com or **888-804-0663**.



Visit UHCprovider.com/edi for more information on 278N, 278 and 278I transactions.

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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 the fax number(s) you use are retired.

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

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

How to Submit Requests to Us

Instead of faxing, you'll use electronic Prior Authorization (ePA) to submit your pharmacy prior authorization requests. It's easy! Visit professionals.optumrx.com and click on Prior Authorizations to get started. We have online training and phone support to help you.

All care providers can use the online tools to submit a prior authorization. However, care providers in Massachusetts, Rhode Island, South Carolina and Texas will be able to access a new fax number via our website in October due to state guidelines on fax capabilities. Prior Authorization fax forms will also be updated to include a new fax number in compliance with specific state mandates.

Questions?



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

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Fax Numbers for UnitedHealthcare Community Plans and Commercial Medical Prior Authorization Requests Retiring Soon

To help make it easier to do business with us, we're retiring certain fax numbers for medical prior authorization requests and asking you to use the Prior Authorization and Notification tool on Link — the same website you may already use to check eligibility and benefits, manage claims and update your demographic information.

These fax numbers will retire soon:

- Seven UnitedHealthcare Community Plan fax numbers will retire on **Sept. 3, 2019**.
- Certain UnitedHealthcare commercial fax numbers will retire on **Oct. 1, 2019**.

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

Go to UHCprovider.com/fax for more information and to see a list of retiring fax numbers as well as information about fax numbers used for inpatient admission notifications.

Questions?

If you haven't used the Prior Authorization and Notification tool before, we have resources to make it easy for you to get started. Go to UHCprovider.com/paan to get a quick reference guide, watch a short video tutorial or register for a training webinar. If you're unable to use the Prior Authorization and Notification tool on Link, call Provider Services at **877-842-3210** to submit your request by phone.

Changes to Advance Notification and Prior Authorization Requirements

View upcoming changes and the latest updates to our advance notification and prior authorization requirements in the Updated Notice of Changes to Plan Requirements Bulletin 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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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: September 2019](#)

[Oxford Policy Update Bulletin: September 2019](#)

[UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: September 2019](#)

[UnitedHealthcare West Medical Management Guideline Update Bulletin: September 2019](#)

UnitedHealthcare Community Plan

[Community Plan Medical Policy Update Bulletin: September 2019](#)

UnitedHealthcare Medicare Advantage

[Medicare Advantage Coverage Summary Update Bulletin: September 2019](#)

[Medicare Advantage Policy Guideline Update Bulletin: September 2019](#)

UnitedHealthcare Dental

[Dental Policy Update Bulletin: September 2019](#)

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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, Community Plan and 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 will apply 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 – will start managing prior authorization requests for certain medical benefit injectable medications for UnitedHealthcare commercial plan members. This includes the affiliate plans UnitedHealthcare of the 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 #1	Session #2	Session #3	Session #4	Session #5	Session #6	Session #7
External Providers	System Overview Training	Sept. 17 10 – 11 a.m.	Sept. 19 10 – 11 a.m.	Sept. 23 11 – 12 p.m.	Sept. 25 1 – 2 p.m.	Sept. 26 1 – 2 p.m.	Oct. 1 1 – 2 p.m.	Oct. 4 1 – 2 p.m.
		Registration Link	Registration Link	Registration Link	Registration Link	Registration Link	Registration Link	Registration Link
	System Q&A	Sept. 26 11:30 a.m. – 12 p.m.	Oct. 3 11:30 a.m. – 12 p.m.	Oct. 7 1:30 – 2 p.m.	Oct. 8 11:30 a.m. – 12 p.m.	Oct. 10 1:30 – 2 p.m.	Oct. 14 11:30 a.m. – 12 p.m.	
		Registration Link	Registration Link	Registration Link	Registration Link	Registration Link	Registration Link	

*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 BriovaRX directly at 855-427-4682 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®, Fasentra™, 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®, Onpatro™ 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

Changes to Notification/Prior Authorization Requirements

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	Treatment Uses	Summary of Changes
Anemia Drugs	Oct. 1, 2019	X		Used to treat anemia	Removal of PA requirement from Neighborhood Health Partnership for the following codes: J0881; J0882; J0885; J0887; J0888; J0890
	Jan. 1, 2020	X	X		Add PA requirement for all commercial plans and Community plans for the following codes: J0885 <i>Additional informational will be included in the October Network Bulletin.</i>
Avastin	Oct. 1, 2019	X		Used to treat certain types of cancer and ophthalmic conditions	Removal of PA requirement for non-cancer use from Neighborhood Health Partnership.
Hereditary Angioedema	Oct. 1, 2019	X		Used to treat hereditary angioedema	Removal of PA requirement from Neighborhood Health Partnership for the following codes: J0596; J0597; J0598; J1290
Rituxan®	Oct. 1, 2019	X		Used to treat certain types of cancer, and rheumatoid arthritis	Removal of PA requirement for non-cancer use from affiliate plans UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the River Valley and Neighborhood Health Partnership.
Makena®	Oct. 1, 2019	X		Used to prevent preterm labor	Removal of PA requirement from affiliate plans UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the River Valley and Neighborhood Health Partnership. Codes include: J1726; J1729
Ophthalmologic Drugs	Oct. 1, 2019	X		Ophthalmologic use	Removal of PA requirement from Neighborhood Health Partnership for the following codes: J0178; J2503; J2778

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Updates to Requirements for Specialty Medical Injectable Drugs

Changes to Notification/Prior Authorization Requirements

Changes to Our Drug Policies	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses	Summary of Changes
Infliximab (Remicade®, Inflectra®, Renflexis®)	Oct. 1, 2019	X			Used to treat Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis	<p>Policy update Oct. 1, 2019. We’ll no longer require the use of Remicade prior to coverage for Inflectra. As part of the notification/prior authorization review, we’ll require documentation to support the clinical requirement that members must try both Inflectra and Remicade to receive coverage approval for Renflexis.</p> <p>Notification/prior authorization for Remicade and Inflectra is required when administered in an outpatient hospital setting.</p> <p>Notification/prior authorization for Renflexias is required when administered in an outpatient hospital, office or home setting.</p>

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 Oct. 1, 2019.

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Updates to Requirements for Specialty Medical Injectable Drugs

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

New procedure codes will become effective Oct. 1, 2019 due to updates from 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:

- Onpattro - J0222
- Ultomiris - J1303
- Evenity - J3111
- Synojoynt - J7331
- Triluron - J7332
- Gamifant - J9210

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.



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.

[UnitedHealthcare and the American Cancer Society Collaborate to Help Increase Cancer Screenings](#)

The cancer screening educational series on UHC On Air is designed to help you engage patients in cancer screening services and earn continuing education credit. >

[Levemir Coverage Change](#)

UnitedHealthcare commercial plans will exclude Levemir® insulin products from coverage in 2020. >

[Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity 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. >

[Best Practices for Children and Adolescents on Antipsychotic Medications](#)

There are best practices that can help you care for our youngest members who take antipsychotic medications. >

[UnitedHealth Premium® Version 12 Designations Effective this Month](#)

UnitedHealth Premium Version 12 physician designations started becoming effective at the end of August for most eligible physicians, but dates may vary. >

[Updates to Requirements for Prior Authorization for Post-Acute Inpatient Care](#)

Facilities that provide post-acute inpatient services will need to request prior authorization and receive approval before a member can be admitted for post-acute facility care. >

[Updates to Optum Fertility Solutions Guideline](#)

We're making revisions to the Infertility Medical Necessity Clinical Guideline. >

[UnitedHealthcare Commercial Reimbursement Policy Updates](#)

[UnitedHealthcare Commercial](#)

UnitedHealthcare and the American Cancer Society Collaborate to Help Increase Cancer Screenings

UnitedHealthcare and the American Cancer Society are now offering a cancer screening educational series on UHC On Air to help you engage patients in cancer screening services. Please mark your calendar now for the upcoming Colorectal Cancer Screening broadcast on Sept. 11, 2019, from noon to 1 p.m. Central Time.

Topics will include:

- Colon cancer disease overview
 - Types of colorectal cancer screening tests
 - Healthcare Effectiveness Data Information Set (HEDIS®) overview
 - Colorectal cancer screening HEDIS® measures and National Committee for Quality Assurance (NCQA) technical specifications
 - Tips and best practices
 - Additional resources
- Select the UHC On Air tool on your Link dashboard, then choose the UHC News Now Channel and then American Cancer Society series.
 - Or you can go [here](#) and enter your Optum ID to watch the program live on Sept. 11.

At the end of each program, you'll need to answer a series of questions and pass with at least an 80% 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.

Questions?



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

Our aim with this series is to help you increase cancer screening rates for your patients who are our members. This Enduring Material activity, Working Together to Improve Colorectal Cancer Screening (COL) Rates, has been reviewed and is acceptable for up to 1.00 Elective credit(s) by the American Academy of Family Physicians. AAFP certification begins Sept. 11, 2019. Term of approval is for one year from this date. This continuing education credits is available at no cost to you.

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

How to Participate

Follow these steps to access the cancer screening series:

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

[UnitedHealthcare Commercial](#)

Levemir Coverage Change

Last year, we announced to members and care providers that we would be moving Levemir® from Tier 2 to Tier 3 coverage on Jan. 1, 2019, and excluding Levemir from coverage in 2020.

Effective Jan. 1, 2020, UnitedHealthcare commercial plans will exclude Levemir insulin products from coverage. We will continue to cover Basaglar® and Tresiba®. These changes apply to pharmacy benefits for most UnitedHealthcare commercial members, but benefit variations may occur, including those due to state regulations.

Most patients will need a new prescription for a covered alternative in order to reduce their out-of-pocket costs. We will communicate with our members 90 and 30 days in advance of the change to give anyone who may be taking Levemir time to talk to their care providers about prescription adjustments before the effective date.

UnitedHealthcare Commercial Basal Insulin Coverage Summary

Long-acting (basal) Insulins	Current Coverage	New Coverage as of Jan. 1, 2020
Levemir (insulin detemir)	Tier 3/4	Excluded
Basaglar (insulin glargine)	Tier 1	No change
Tresiba (insulin degludec)	Tier 2	No change
Lantus® (insulin glargine)	Excluded	No change
Toujeo® (insulin glargine)	Excluded	No change

Questions?

If you have questions, please contact your Provider Advocate.

[UnitedHealthcare Commercial](#)

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

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 can help to further minimize out-of-pocket costs for our plan members and help 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](#). *We'll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.* This change will take effect on or after **Dec. 1, 2019**, for California, Colorado, Connecticut, New Jersey and New York. This change will take effect on March 1, 2020, for Iowa, Kansas and Nebraska. States excluded from this requirement are Alaska, Kentucky, Massachusetts, Maryland and Texas.
- We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the link above. Site of service medical necessity reviews will also apply to procedures/CPT codes listed [here](#), which are already subject to notification/prior authorization requirements.

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 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 Commercial](#)

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

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

We updated our [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline to include all of the surgical procedures/CPT codes referenced above](#). The guideline includes the criteria we'll use to facilitate our site of service medical necessity reviews. It is available in our [September 2019 UnitedHealthcare Commercial Medical Policy Update Bulletin](#). On Nov. 1, 2019, the guideline will be available at [UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans](#).

When the Expanded Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews Apply

The expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to UnitedHealthcare commercial benefit plans, including exchange benefit plans and the following benefit plans:

- UnitedHealthcare
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley

The expanded notification/prior authorization requirements and site of service medical necessity reviews will not apply to UnitedHealthcare Oxford, UnitedHealthcare West or Sierra at this time..

When Expanded Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews Don't Apply

Care providers in the following states will not be subject to the expanded notification/prior authorization requirements or site of service medical necessity reviews at this time. We'll inform care providers if we decide to implement the expanded notification/prior authorization requirements or site of service medical necessity reviews in these states.

- Alaska, Kentucky, Maryland, Massachusetts and Texas

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 Commercial](#)

Best Practices for Children and Adolescents on Antipsychotic Medications

Children and adolescents ages 1–17 who take antipsychotic medications have specific health care needs related to their medications. Please consider the following best practices to help ensure those needs are met. These best practices are based on information from the American Academy for Child and Adolescent Psychiatry (AACAP), the American Psychiatric Association and the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications.

Psychosocial Care

Children on antipsychotic medications need to have received a psychosocial care appointment at least 90 days prior to being prescribed antipsychotic medication or within 30 days of starting an initial antipsychotic prescription, if there is an urgent need for medication.

Psychosocial care is recommended for children and adolescents prescribed antipsychotic medication to treat these conditions:

- Autism spectrum disorders
- Attention-deficit/hyperactivity disorder (ADHD)
- Conduct-related symptoms
- Schizophrenia
- Tourette syndrome

Examples of psychosocial care include:

- Behavioral health services, such as individual and group psychotherapy
- Crisis intervention services
- Peer services
- Partial hospitalization
- Activity therapy, such as music, art or play therapy that isn't for recreation
- Training and educational services related to care/treatment

Metabolic Screenings

Children and adolescents prescribed two or more antipsychotic medications need to have metabolic testing after an initial prescription and then annually while remaining on medications.

Testing needs to include all of the following:

- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol

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Best Practices for Children and Adolescents on Antipsychotic Medications

Resources to Help You Care for Members

Here are resources you can use in your care for children on antipsychotic medications:

- Request coordination of care and referrals for members by calling the number on the back of the member's health plan ID card or searching liveandworkwell.com.
- Find tools and information about behavioral health issues on providerexpress.com > Clinical Resources > [Behavioral Health Tool Kit for Medical Providers](#).
- Get educational information for members on liveandworkwell.com. Use access code "clinician" and select "Mind & Body" at the top of the page to view the topics available.

UnitedHealth Premium Version 12 Designations Becoming Effective

UnitedHealth Premium Version 12 physician designations started becoming effective at the end of August. While the majority of eligible physicians had effective dates in late August, dates may vary. Please refer to your evaluation letter or review your designation details on unitedhealthpremium.uhc.com for your exact effective date. You can also access the Premium program site through Link by going to UHCprovider.com and clicking on the Link button in the top right corner.

If you need a duplicate copy of your evaluation letter or assistance registering on unitedhealthpremium.uhc.com, please call us at **866-270-5588**. Health Care Management Resource Center representatives are available Monday through Friday, 8 a.m. to 5 p.m. Central Time.

Learn More

For more information about the Premium program, including methodology and reconsideration requests, please go to unitedhealthpremium.uhc.com or call **866-270-5588**.

[UnitedHealthcare Commercial](#)

Updates to Requirements for Prior Authorization for Post-Acute Inpatient Care

Changes to prior authorization requirements are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. These regular 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 Commercial Members

Starting Dec. 1, 2019, facilities providing post-acute inpatient services will need to request prior authorization and receive an approval before a UnitedHealthcare commercial member can be admitted to a post-acute care facility or a post-acute care bed in one of these types of facilities:

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

If a facility doesn't get the required prior authorization, payment for inpatient services may be denied. Remember, members can't be billed for services denied due to 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. Clinical information can be uploaded through the tool.

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

If you're unable to use the Prior Authorization and Notification tool, you can call **877-842-3210**. If you call in your request, we'll let you know if clinical information is required.

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.

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Updates to Requirements for Prior Authorization for Post-Acute Inpatient Care

Admission Notification

You're still required to provide admission notification once you admit the UnitedHealthcare commercial plan member to the facility because timely admission notification is a key element of providing coordinated care for UnitedHealthcare members.

We're Here to Help

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

[UnitedHealthcare Commercial](#)

Updates to Optum Fertility Solutions Guideline

On Dec. 2, 2019, we'll make the following revisions to the Infertility Medical Necessity Clinical Guideline. These updates are based on current clinical evidence and expert panel input:

- Clarified that in IUI, the indication of unilateral tubal factor infertility should be the result of previous salpingectomy or proximal tubal occlusion.
- Added that there is lack of benefit for ovulation induction in IUI for the indication of PCOS.
- FSH levels as an indication of poor prognosis and fertility have been revised.
- New information on surgical sperm aspiration and cryopreservation has been added.
- For hypothalamic amenorrhea, a >14 day stimulation with gonadotropin was added as an option.
- Unilateral mid or distal tubal compromise was added as a non-indication in controlled ovarian stimulation.
- A controlled ovarian stimulation cycle and IUI cycle for women ≥ 40 years of age will no longer be allowed.
- Added information that markers of ovarian reserve in addition to FSH levels need to be assessed prior to ovarian stimulation.
- Mild to moderate male factor was added as an indication for natural cycle IUI.
- Clarified that IUI in natural cycle is not indicated for severe male factor infertility and is indicated for unilateral proximal tubal occlusion.
- Isolated teratospermia was added as a non-indication for IUI and ICSI unless there is <2% normal morphology per ≥ 2 semen analyses.
- The terminology of pre-implantation genetic testing has been revised: PGD (pre-implantation diagnosis) is now referred to as PGT-M (for monogenic disorder) PGT-A (for aneuploidy screening) or PGT-SR (for structural rearrangement testing).
- Added an additional indication for pre-implantation genetic testing: When at least one intended parent is a carrier for a mitochondrial condition.
- The definition of mild male factor infertility was revised.

To review the revised guideline, go to [UHCprovider.com](#) > Policies and Protocols > [Clinical Guidelines](#).

[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 the policy changes and their effective dates:

Policy	Effective Date	Summary of Change
Consultation Services Policy, Professional	Oct. 1, 2019	<ul style="list-style-type: none"> • UnitedHealthcare continues to move forward with the reimbursement change affecting consultation CPT codes 99241-99255 when billed by any health care professional or medical practice. • The first phase of deployment of the Consultation Services Policy enhancement was effective with dates of service on and after June 1, 2019, for care providers with stated year fee schedules of 2010 or later using Centers for Medicare & Medicaid Services (CMS) Relative Value Units (RVU) basis. • Care providers with questions or those on older fee schedules (2009 and prior) who wish to move to more current fee schedules may reach out to their UnitedHealth Network representative. • Consultation services may still be reimbursed when billed in accordance with the Preventive Care Services Coverage Determination Guideline for services such as lactation counseling. • With respect to telehealth and telemedicine services, the Telehealth and Telemedicine Policy will continue to apply, and Healthcare Common Procedure Coding System (HCPCS) codes G0406 -G0408, G0425-G0427, G0508 and G0509 will be payable pursuant to that policy, the participation agreement and the member’s benefit plan.
Procedure to Modifier Policy, Professional	To be announced	<ul style="list-style-type: none"> • Revisions have been delayed to give care providers more time to adjust to changes in the submission of “Always Therapy” procedure codes to include the CMS required therapy modifiers. • According to CMS certain codes are “Always Therapy” services regardless of who performs them, and always require a therapy modifier (GP, GO, or GN) to indicate that they are provided under a physical therapy, occupational therapy, or speech-language pathology plan of care. • To aid in educating care providers of this requirement, ACE messaging will continue to be applied when “Always Therapy” services are submitted without the required modifiers. • “Always Therapy” modifiers are necessary to enable accurate reimbursement for each distinct type of therapy in accordance with member group benefits.

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[UnitedHealthcare Commercial](#)

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UnitedHealthcare Commercial Reimbursement Policy Updates

Policy	Effective Date	Summary of Change
Molecular Pathology Policy, Professional	Delayed	<ul style="list-style-type: none"> UnitedHealthcare has delayed the Sept. 1, 2019 implementation of the Molecular Pathology Policy in order to assure alignment and readiness regarding potential changes in the submission of the required information for molecular pathology codes. Additional notice will be published prior to the new effective date. 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 (ex: 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 (ex: GTR123456789). Claims that have complied with notification or prior authorization requirement in UnitedHealthcare’s Genetic Testing and Molecular Prior Authorization Program satisfy the policy’s requirements without further provider action as long as they meet UnitedHealthcare’s Genetic Test Lab Registry requirements.



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[Improved Provider Services Call Experience](#)

We're piloting an enhancement to the Provider Services interactive voice response (IVR) system phone lines for UnitedHealthcare Community Plan and Dual Special Needs Plans (DSNP) in Washington state and Ohio. >

[Maternity Support Resources](#)

Pregnant UnitedHealthcare Community Plan members have access to education, resources and individualized support to help them focus on a healthy pregnancy and birth. >

[Clinical Practice Guidelines Update](#)

UnitedHealthcare Community Plan of Washington has updated certain Clinical Practice Guidelines. >

[UnitedHealthcare Community Plan Outpatient Injectable Cancer Therapy Prior Authorization Requirement](#)

Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable chemotherapy and related cancer therapies for UnitedHealthcare Community Plan members in New Jersey. >

[Reimbursement Update to Vaccines for Children Program in Florida](#)

As part of the Patient Protection and Affordable Care Act regulations, CPT code 90461 is not reimbursable for vaccines administered through the Vaccines for Children program in Florida. >

[UnitedHealthcare Community Plan Reimbursement Policy](#) >

[UnitedHealthcare Community Plan](#)

Improved Provider Services Call Experience

In August 2019, we began piloting an enhancement to the Provider Services interactive voice response (IVR) system phone lines for UnitedHealthcare Community Plan and Dual Special Needs Plans (DSNPs) in the state of Washington and Ohio. With this change, we're incorporating natural language into the system, which means you'll be able to tell us why you're calling **in your own words** rather than selecting from a menu of options.

You'll be able to say things like, "I have a claim question" or "I need copay information." Our new voice response system has been designed to understand what you need and get you to the right person right away, so your calls to us can be quicker, easier and more efficient.

Phone Numbers Affected

Our new system will be incorporated into the Provider Services phone lines for:

- UnitedHealthcare Community Plan: **877-542-9231**
- UnitedHealthcare Dual Special Needs Plans (DSNP): **866-944-4984**

Other Changes

In addition to the new voice response experience, we'll ask for your servicing provider National Provider Identifier (NPI) number instead of your tax ID number (TIN). Providing your servicing provider NPI number allows us to create a more personalized and efficient call experience for you.

Nationwide Expansion Expected Later this Year

The Washington and Ohio pilot was a success, and we're planning to expand the enhanced Provider Services IVR nationwide starting in fourth quarter of 2019.

Questions?

Care providers using the new system in Washington who have questions can call UnitedHealthcare Community Plan at **877-542-9231** or UnitedHealthcare Dual Special Needs Plans (DSNP) at **866-944-4984**.

Maternity Support Resources

Our maternity programs provide UnitedHealthcare Community Plan members with education, resources and individualized support to help them focus on a healthy pregnancy and birth. These programs are available to members at no extra cost. Incentives may be available for care providers and members who participate in the programs.

Visit UHCprovider.com/maternity to learn more.

[UnitedHealthcare Community Plan](#)

Clinical Practice Guidelines Update

UnitedHealthcare Community Plan of Washington has updated Clinical Practice Guidelines for the following conditions:

- Acute Myocardial Infarction with ST Elevation
- Asthma
- Atrial Fibrillation
- Diabetes
- Cervical Cancer Screening
- Chronic Obstructive Lung Disease (COPD)
- Heart Failure
- Hemophilia and von Willebrand Disease
- Physical Activity
- Preventive Pediatric Health Care Screening



To view the guidelines, go to UHCprovider.com/WAcommunityplan > [Policies and Clinical Guidelines](#).

[UnitedHealthcare Community Plan](#)

UnitedHealthcare Community Plan Outpatient Injectable Cancer Therapy Prior Authorization Requirement

Effective **Oct. 1, 2019**, Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable chemotherapy and related cancer therapies for UnitedHealthcare Community Plan members in New Jersey. Any active prior authorizations requested through the former process will remain in place.

How to Submit a Prior Authorization Request

To submit an online request for prior authorization:

- Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner.
- Go to the Prior Authorization and Notification tool.
- Then select the “Radiology, Cardiology + Oncology” box.
- After answering two short questions about the state you work in, you’ll be directed to a website to process these authorization requests

Prior Authorization for Outpatient Injectable Chemotherapy and Related Cancer Therapies

Prior authorization will be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors:
 - Filgrastim (Neupogen®): J1442
 - Filgrastim-aafi (Nivestym™): Q5110
 - Filgrastim-sndz (Zarxio®): Q5101
 - Pegfilgrastim (Neulasta): J2505
 - Pegfilgrastim-jmdb (Fulphila): Q5108
 - Sargramostim (Leukine®): J2820
 - Tbo-filgrastim (Granix®): J1447
 - Pegfilgrastim-cbqv, biosimilar (Udenyca™): Q5111
- Denosumab (Brand names Xgeva® and Prolia®): J0897

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

Questions?

If you have questions, please call Provider Services at the number on the back of the member’s health plan ID card.

[UnitedHealthcare Community Plan](#)

Reimbursement Update to Vaccines for Children Program in Florida

As part of the Patient Protection and Affordable Care Act (PPACA) regulations, CPT code 90461 is not reimbursable for vaccines administered to Medicaid members through the Vaccines for Children (VFC) program in Florida. Beginning Aug. 15, 2019, any claim line billed for this code will be denied.

More Information

For more information, please refer to the UnitedHealthcare Community Plan Vaccines For Children Policy, Professional on [UHCprovider.com > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan > **Vaccines for Children Policy, Professional**](#).

If you have questions, please call Provider Services at the number on the back of the member's health plan ID card.

UnitedHealthcare Community Plan Reimbursement Policy

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

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



UnitedHealthcare Medicare Advantage

Learn about Medicare policy
and guideline changes.

[New Mohs Micrographic Surgery Policy](#)

We're implementing a new policy for Mohs micrographic surgery to better align with the Centers for Medicare & Medicaid Services (CMS). >

[2020 Medicare Advantage Service Area Reductions](#)

We'll be sending non-renewal notices by Oct. 2, 2019, to UnitedHealthcare Medicare Advantage members who will be impacted by service area reductions effective Jan. 1, 2020. >

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

UnitedHealthcare offers pre-recorded Model of Care training to all network providers contracted to care for Special Needs Plan (SNP) members and all out-of-network providers who see SNP members routinely. >

[UnitedHealthcare Medicare Advantage](#)

New Mohs Micrographic Surgery Policy

Effective for dates of service on or after Oct. 1, 2019, UnitedHealthcare Medicare Advantage plans will implement a new policy for Mohs micrographic surgery.

Why We're Implementing this Policy

UnitedHealthcare Medicare Advantage is implementing this policy to better align with the Centers for Medicare & Medicaid Services (CMS) guidelines. According to CMS, Mohs surgery should only be performed by a doctor of medicine (MD) or a doctor of osteopathic medicine (DO) who has specialized training and is skilled in Mohs techniques and pathological services. UnitedHealthcare Medicare Advantage will only reimburse Mohs surgery claims to an MD or DO who is specifically trained in dermatology and pathology.

Per CMS guidelines, the pathology examination of the tissue specimen is included within the Mohs surgery and shouldn't be reported separately. If either the removal of the tumor or the pathology is performed or delegated to another physician or qualified health care professional, the Mohs code will be denied. If the pathology examination is separately reported in addition to the Mohs surgery code, UnitedHealthcare Medicare Advantage will deny the pathology examination and follow CMS guidelines.

Questions?

If you have questions, please contact your local Network Account Manager or Provider Advocate.

2020 Medicare Advantage Service Area Reductions

Each year, we evaluate the locations of our Medicare Advantage plan offerings and decide if we need to make changes to the plans. These changes can include reducing service areas and terminating plans.

We'll be sending non-renewal notices by Oct. 2, 2019, to UnitedHealthcare Medicare Advantage members who will be impacted by service area reductions or plan terminations effective Jan. 1, 2020. The non-renewal notice will give these members information about their special election period eligibility for 2020 coverage. The majority of care providers and facilities contracted for UnitedHealthcare Medicare Advantage products will not be affected by these changes.

More Information

To learn more and access frequently asked questions, visit UHCprovider.com > Health Plans by State > [Choose your state] > Medicare > [Select plan name] > Tools & Resources. If you have questions, please contact your local Network Account Manager or Provider Advocate.

[UnitedHealthcare Medicare Advantage](#)

Special Needs Plan Model of Care Training Requirement

The Centers for Medicare & Medicaid Services (CMS) requires Special Needs Plans (SNPs) to provide initial and annual Model of Care (MOC) training to all:

- Network providers contracted to see SNP members
- Out-of-network providers who see SNP members routinely

SNPs are responsible for conducting their own MOC training, which means you may be asked to complete multiple trainings by different health plans. The training includes information about the different types of SNPs tailored to individual needs.

You're considered a SNP care provider if you see UnitedHealthcare plan members who have benefits under a Medicare Advantage SNP.

How to Complete the Training

Here's how to complete this year's training by Oct. 1, 2019:

- Go to [UHCprovider.com](#) > Menu > Resource Library > Training > 2019 Special Needs Plan Model of Care Training Special Needs > [2019 SNP MOC Training](#).
- Enter your Optum ID and watch the training.

If you don't have an Optum ID, you can register for one at [UHCprovider.com](#). Click on New User in the top right corner and follow the directions listed there. Please allow 24-48 hours to receive your Optum ID. If you experience any issues with registration, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**.

Questions?



If you have questions, please email snp_moc_providertraining@uhc.com or call **888-878-5499**.



Doing Business Better

Learn about how we make improved health care decisions.

[Resources for Treating Depression, Substance Use Disorders and Attention-Deficit/Hyperactivity Disorder](#)

Online information and practice tools are available to support your treatment of patients with certain behavioral health conditions. >

[Case and Disease Management Programs](#)

Our case and disease management programs help support your treatment plans and can assist members in managing their conditions. >

[Doing Business Better](#)

Resources for Treating Depression, Substance Use Disorders and Attention-Deficit/Hyperactivity Disorder

United Behavioral Health, which is part of Optum, collaborated with UnitedHealthcare to develop online information and practice tools to support your treatment of patients with depression, substance use disorders and attention-deficit/hyperactivity disorder (ADHD). Here's an overview of the available resources.

UnitedHealthcare Resource Library

Go to [UHCprovider.com](#) > Menu > [Resource Library](#) and select Behavioral Health Resources. You'll find basic behavioral health information, including screening tools, behavioral health support and referral information and a link to the Prevention Center.

Prevention Center

Visit the Prevention Center at [prevention.liveandworkwell.com](#). This site offers physicians and other health care professionals with access to a convenient and reliable source of pertinent patient health information at no cost. There are specific sections within the Prevention Center for each condition, as well as:

- A library of articles designed to support prevention and recovery
- Information about co-morbid conditions
- Links to nationally recognized practice guidelines
- A printable self-appraisal to use or refer your patients to
- A list of support resources for you, your patients and their families

Behavioral Health Toolkit for Medical Providers

The Behavioral Health Toolkit for Medical Providers is available on the Optum Provider Express website at [providerexpress.com](#) > Clinical Resources > [Behavioral Health Toolkit for Medical Providers](#).

The toolkit has screening tools, resources, referral information, guidelines and the PsychHub™ video resource library. PsychHub videos are quick video clips designed to assist medical practitioners who treat patients with behavioral health conditions.

[Doing Business Better](#)

Case and Disease Management Programs

We offer case and disease management programs to support care providers' treatment plans and can assist members in managing their conditions. Using medical, pharmacy and behavioral health claims data, our predictive model systems help us identify members who are at high risk for certain health issues and directs them to our programs.

Patients can also be identified at time of hospital discharge through one of the following:

- Health risk assessment
- Readmission predictive model
- NurseLine referral
- Member or caregiver referral

Please Help Us Identify Members

A critical part of these programs is identifying high-cost, complex, at-risk members who can benefit from these services. If you have patients who are UnitedHealthcare members who would benefit from case or disease management, you can refer them to the appropriate program by calling the number on the back of the member's health insurance ID card.

More About Case Management

Some examples of these programs include transplant and neonatal resource services. We collaborate with members and their health care providers to facilitate health care access and decisions that can have a dramatic impact on the quality and affordability of their health care.

Specifically, our programs are designed to assist in helping ensure that members:

- Receive evidenced-based care
- Have necessary self-care skills and/or caregiver resources
- Have the right equipment and supplies to perform self-care
- Have requisite access to the health care delivery system
- Are compliant with medications and the physician's treatment plan

Our case managers are registered nurses who engage the appropriate internal, external or community-based resources needed to address members' health care needs. When appropriate, we provide referrals to other internal programs such as disease management, complex condition management, behavioral health, employee assistance and disability.

Upon referral, each member is assessed for the appropriate level of care for his or her individual needs. Programs vary depending on the member's benefit plan. Case management services are voluntary and a member can opt out at any time.

More About Disease Management Programs

We offer disease management programs designed to provide members with specific conditions the appropriate level of intervention.

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[Doing Business Better](#)

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Case and Disease Management Programs

Depending on the member's health plan and benefit plan design, the management required for these conditions varies and may include:

- Acute Myocardial Infarction
- Asthma
- Cancer
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary artery disease
- Diabetes
- Heart failure
- Hemophilia
- High risk pregnancy
- Kidney disease

Our disease management programs include:

- Screening for depression and helping members access the appropriate resources
- Addressing lifestyle-related health issues and referring to programs for weight management, nutrition, smoking cessation, exercise and stress management
- Helping members understand and manage their condition and its implications, i.e. diabetes care
- Educating on how to reduce risk factors, maintain a healthy lifestyle and adhere to treatment plans and medication regimens

For some programs, members may receive:

- A comprehensive assessment by specialty-trained registered nurses to determine the appropriate level and frequency of interventions
- Educational mailings, newsletters and tools such as a HealthLog to assist them in tracking their physician visits, health status, self-measurements and laboratory results, and recommended targets or screenings
- Information on gaps in care and encouragement to discuss treatment plans, goals and results with the physician
- Transitional case management when discharged from a hospital, if they are high risk
- Outbound calls to address particular gaps in care – for the highest risk individuals. Care providers will be notified when patients are identified for the high-risk program.

Physicians with patients in moderate intensity programs also may receive information on their patient's care opportunities.

These programs complement the physician's treatment plan, reinforce instructions you may have provided and offer support for healthy lifestyle choices.

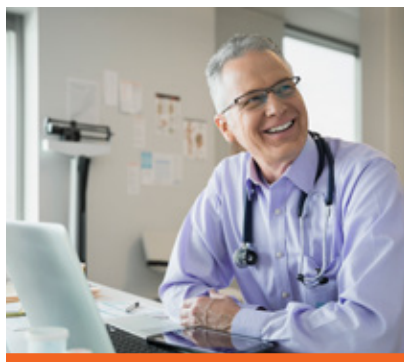


If you have questions, visit hubconnect.uhg.com/groups/continuum-of-care/pages/market-resources.



UnitedHealthcare Affiliates

Learn about updates with our company partners.



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

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

[UnitedHealthcare Affiliates](#)

UnitedHealthcare Oxford Commercial Plans Member ID Cards

We're continuing our efforts to streamline the administrative experience for UnitedHealthcare Oxford commercial plans. As part of these activities, some members will receive new member ID cards. The new ID cards will be different than the old cards in the following ways:

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

What's Not Changing

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

Tips for Your Staff

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.

More Information

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, please be ready to provide your National Provider Identifier (NPI) number.



State News

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

[Improved Provider Services Call Experience](#)

We're piloting an enhancement to the Provider Services interactive voice response (IVR) system phone lines for UnitedHealthcare Community Plan and Dual Special Needs Plans (DSNP) in Washington state and Ohio. >

[UnitedHealthcare Community Plan Outpatient Injectable Cancer Therapy Prior Authorization Requirement](#)

Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable chemotherapy and related cancer therapies for UnitedHealthcare Community Plan members in New Jersey. >

[Reimbursement Update to Vaccines for Children Program in Florida](#)

As part of the Patient Protection and Affordable Care Act (PPACA) regulations, CPT code 90461 is not reimbursable for vaccines administered through the Vaccines for Children (VFC) program in Florida. >

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

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