

APRIL 2020

network bulletin

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



For the latest on COVID-19, visit the Centers for Disease Control at [CDC.gov](https://www.cdc.gov).

For UnitedHealthcare benefits information and resources related to COVID-19, visit UHCprovider.com/covid19.

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.



Policy, drug and Protocol changes contained herein are effective and enforceable as of the dates indicated, pending notice from UnitedHealthcare to the contrary. Changes to these effective dates or updates to our business practices and policies as a result of COVID-19 will prevail and be posted on our care provider website as quickly as possible. As with any public health issue, we are working with and following guidance and protocols issued by federal, state, and local health authorities.

You can find the latest UnitedHealthcare COVID-19 related resources at UHCprovider.com/covid19.

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Front & Center

Stay up-to-date with the latest news and information.

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Here is a correction to our March *Network Bulletin* notification, "Additions to Cancer Therapy Pathways," regarding which pathways were added to the program. >

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Outpatient claims must include the appropriate CPT® and HCPCS codes with the revenue codes. Learn how these codes are required for reimbursement. >

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Starting Oct. 1, 2020, all free standing and outpatient hospital laboratory for all non-genetic claims must contain your laboratory's unique test code. This new requirement may help you avoid your claim being denied. >

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Learn about how outpatient facility authorizations will now default to a 90-day date range on Link. >

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This pharmacy bulletin outlines upcoming new or revised clinical programs and implementation dates. It's available online for UnitedHealthcare commercial and UnitedHealthcare Oxford commercial plans. >

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New Protocol for Interoperability of EHR

To help encourage the exchange of real-time health information, effective **July 1, 2020**, you'll be required to communicate with UnitedHealthcare electronically through the use of near real-time data exchange services, based on HL7 standards inside your Electronic Health Record (EHR) workflow. This includes services, such as:

- Eligibility inquiries: HL7 FHIR
- Patient care opportunities
- Admission, discharge and transfer: HL7 ADT
- High-performing provider referral with cost estimation
- Identification of preferred labs and/or diagnostic radiology location
- Prior authorization for medical and pharmacy services

What's Changing

As a result of this protocol, we'll expand our medical records standards and requirements. If asked, you'll work with us to develop a plan within 60 days of outreach to provide us with remote access to your EHR for UnitedHealthcare plan members.

This integration plan will allow us to enter into a clinical data exchange and integration plan in an automated fashion, supporting integration as close to real-time data exchange as possible. To support this initiative, we'll work with you to establish EHR access to decrease administrative burden for programs that aren't currently supported by interoperability standards.

These capabilities are in addition to the medical records requirements in your Participation Agreement. If we can't access the medical records in your EHR system, or the information contained in your EHR system is unclear or insufficient, you'll need to submit paper copies of medical records for UnitedHealthcare plan members upon request.

Read the Full Protocol

You can find the full Interoperability Protocol at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > [Under "Additional Resources," choose "Protocols"] > [Interoperability Protocol](#).

Next Steps

We'll contact you by phone or email at a future date to develop these capabilities. No action is required on your part at this time.



Visit [UHCprovider.com](https://www.uhcprovider.com).

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Prior Authorization Submission Updates

The following updates were made to the Prior Authorization and Notification tool on Link:

Outpatient Facility Case Requests

- Revised to a 90-day service period compared to the prior single date of service.
- There is no longer a need to call UnitedHealthcare to change the service start or end date as long as it falls within the 90-day service period.

Prior Authorization for Certain Specific Services Rendered in a Hospital-Based Setting

- The system will prompt you to consider performing the service in an ambulatory surgery center.
- If you agree to perform the service in an ambulatory service center, then no prior authorization is required and you have the option to cancel the prior authorization submission.

For additional information, please access the Interactive Guide for tool found at UHCprovider.com/paan.

To get started with our Prior Authorization and Notification tool (PAAN), you'll need an Optum ID. Sign up at UHCprovider.com/newuser.



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.

New Requirements for FDA-Approved NDCs

Effective July 1, 2020, you'll be required to provide the correct FDA-approved National Drug Code (NDC) for certain drugs and/or kits. Claims with a NDC not consistent with FDA approval may be denied.

Billing for drugs and kits that are not FDA-approved are a non-covered benefit.



Contact your network account manager or Provider Advocate.

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Prior Authorization and Notification Requirement Updates

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



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

Correction to “Additions to Cancer Therapy Pathways”

Correction from March *Network Bulletin* article “Additions to Cancer Therapy Pathways”

Cancer Therapy Pathways includes colon cancer and not colorectal cancer as previously communicated in the March *Network Bulletin*. Rectal cancer will be added in the future.



Visit [UnitedHealthcare Cancer Pathways](#) or email unitedoncology@uhc.com.

Outpatient Grouper Exhibit Annual Update

When billing for outpatient procedures, please include the appropriate CPT® and Healthcare Common Procedure Coding System (HCPCS) codes with the revenue codes. **These codes are required for reimbursement.**

Codes eligible for reimbursement under the Outpatient Procedure Grouper (OPG) can be found in the 2020 UnitedHealthcare OPG Exhibit at UHCProvider.com > Claims & Payments > **View Outpatient Procedure Grouper (OPG) Exhibits.**

The OPG Exhibit that defines the CPT and HCPCS code assignment to Grouper level will be **updated on July 1, 2020**. The OPG Exhibit is used to determine reimbursement for outpatient procedures and other issues.

Many codes remain the same as the 2019 OPG mapping: 99.64% are assigned to the **same** grouper level; .12% have **increased** in level assignment; and .24% have **decreased** in level assignment.



Contact your Network Management representative.

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Clinical Laboratory Claims Requirement Update

Starting Oct. 1, 2020, **all free-standing and outpatient hospital laboratory for all non-genetic** claims must contain your laboratory's unique test code.

What You Need to Know

- When a laboratory CPT® or HCPCS code is populated on the claim, the corresponding test code will be required.
- We will deny claims without the test code in the claim.
- Adding the CPT or HCPCS codes will improve reimbursement/clinical policy payment.
- A laboratory test code is your unique code that physicians will use to order the test.



For requirement details and more information, visit UHCprovider.com/testregistry.

Outpatient Facility Authorizations Date Range Change

Based on feedback from users of the Prior Authorization and Notification tool (PAAN) on Link, outpatient facility authorizations now default to a 90-day span for the date of service.

This flexibility will reduce case cancellations and should eliminate the need to update dates of service for outpatient procedures.



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.

Specialty Medical Injectable Drug Program Updates

You can access [The Specialty Medical Injectable Drug Program Bulletin](#) for the latest updates on drugs added to review at launch, program requirements and policies. Click through for complete details or visit UHCprovider.com.

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Medical Policy Updates

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

UnitedHealthcare Commercial & Affiliates

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

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

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

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

UnitedHealthcare Community Plan

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

UnitedHealthcare Medicare Advantage

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

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

Pharmacy Update

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



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.

[Catheter Atrial for Fibrillation Ablation](#)

Prior authorization will be required for dates of service beginning July 1, 2020, and Oct. 1, 2020, for certain cardiology CPT® codes. >

[Lower Extremity Vascular Interventions](#)

Prior authorization will be required for dates of service beginning July 1, 2020, and Aug. 1, 2020, for certain cardiology CPT® codes. >

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

Site of service review for surgical procedures for commercial plans. >

[Electronic Payment Solutions Update](#)

Due to the COVID 19 breakout, we are halting the implementation of our Electronic Payment Solutions program. >

[Reimbursement Policy Updates](#) >

[UnitedHealthcare Commercial](#)

Catheter Ablation for Atrial Fibrillation

Effective for dates of service beginning **July 1, 2020**, our prior authorization and notification program will include a code related to **cardiac ablations for atrial fibrillation** for UnitedHealthcare commercial members. For Iowa, this change will be in effect Oct. 1, 2020.

The following CPT® code will require prior authorization: **93656**.

How to Request Prior Authorization and Notification

Complete the prior authorization and notification process online or by phone:

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

We'll contact the requesting care provider and member with our coverage decision within 15 calendar days, or sooner based on regulations. If we deny coverage, we'll include appeal information in the denial letter.

If you don't complete a prior authorization and notification before performing a procedure, we'll deny the claim and you won't be able to bill the member for the services.



Please contact your local Network Management representative or call the Provider Services number on the back of the member's UnitedHealthcare ID card.

Lower Extremity Vascular Interventions

Effective for dates of service beginning **July 1, 2020**, our prior authorization and notification program will include codes related to **lower extremity vascular interventions** for UnitedHealthcare commercial members. For Iowa, this change will go in to effect Oct. 1, 2020.

The following CPT® codes will require prior authorization: **37220, 37221** and **37224 – 37229**.

How to Request Prior Authorization and Notification

Complete the prior authorization and authorization process online or by phone:

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

We'll contact the requesting provider and member with our coverage decision within 15 calendar days, or sooner based on regulations. If we deny coverage, we'll include appeal information in the denial letter.

If you don't complete a prior authorization and notification before performing a procedure, we'll deny the claim and you won't be able to bill the member for the services.



Please contact your local Network Management representative or call the Provider Services number on the back of the member's UnitedHealthcare ID card.

[UnitedHealthcare Commercial](#)

Prior Authorization and Site of Service Reviews

Site of service review for Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) for commercial plans

We conduct site of service medical necessity reviews for MRI and CT imaging procedures if the procedure will be performed in an outpatient hospital setting.

We previously announced the effective dates of these reviews for all affected states, but we'd like to make a clarification:

- For dates of service beginning on **June 1, 2020**, MRI/CT imaging procedures that are already subject to notification/prior authorization requirements are subject to site of service medical necessity reviews for **UnitedHealthcare commercial plans in Georgia, North Carolina and South Carolina**.

We use the criteria set forth in our [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#) utilization review guideline to facilitate site of service medical necessity reviews.

You can find more information about our site of service medical necessity reviews for MRI/CT imaging procedures by referencing the [radiology prior authorization](#) page on [UHCprovider.com](#).

We're Here to Help



If you have questions, please contact Provider Services at **800-666-1353**.

Electronic Payment Solutions Update

We know these are unprecedented times for everyone due to the COVID-19 public health emergency and we are working diligently to continue to support your needs.

Because of this, UnitedHealthcare will delay our initiative to replace paper checks with electronic payments, which was announced in the March 2, 2020 *Network Bulletin*. Please watch for updates in future editions of the *Network Bulletin*.

We'll continue to review and monitor updates from the Centers for Disease Control and Prevention, as well as other national, state and local governments and adjust our processes and websites accordingly.

[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
New Policy: Outpatient Medical Visits Policy, Facility	July 1, 2020	<ul style="list-style-type: none"> The new Outpatient Medical Visits Policy, Facility will be effective for dates of service on and after July 1, 2020. In accordance with CMS guidelines, Condition Code G0 should be reported on a claim when multiple medical visits occur on the same date of service with the same revenue code and meet the requirements of being a distinct and independent visit. The CMS Integrated Outpatient Code Editor (IOCE) has established rules for circumstances when a medical visit with a status indicator of V and a procedure code with a status indicator of S or T are performed on the same date of service. A separate evaluation and management code should only be reported in this circumstance when it is a significant and separately identifiable service independent of the procedure performed. If this requirement is met then a modifier 25 should be appended to the evaluation and management service submitted. In alignment with CMS, the trauma response team code G0390 may be reported when the guidelines for trauma activation are met. Code G0390 should be submitted with revenue code 68X (068X) and only be reported when critical care code 99291 is reported on the same date of service. Trauma activation is to be a one-time occurrence in association with critical care services and therefore, G0390 will only be allowed at one unit per day.
Notification of Delay: Procedure to Modifier Policy, Professional	May 1, 2020	<ul style="list-style-type: none"> In response to the COVID-19 public health emergency, UnitedHealthcare is delaying “Always Therapy” requirements by one month. Effective with dates of service on or after May 1, 2020, the GN, GO, or GP modifiers will be required on “Always Therapy” codes to align with the Centers for Medicare and Medicaid (CMS). “Always Therapy” modifiers are necessary to enable accurate reimbursement for each distinct type of therapy in accordance with member group benefits.

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



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[2nd Quarter 2020 Preferred Drug List Updates](#)

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. The quarterly Preferred Drug List updates will be effective for some states April 1, 2020. Please review the changes that apply to your state. >

[Prior Authorization and Site of Service Surgical Expansion](#)

We're expanding our prior authorization and notification requirements and conducting site of service reviews for certain surgical procedures in Texas, Mississippi and Pennsylvania. >

[Medical Policy Updates](#) >

[Reimbursement Policy Updates](#) >

[UnitedHealthcare Community Plan](#)

2nd Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. The 2nd Quarter 2020 PDL updates can be viewed [here](#). Please review the changes and update your references as necessary.

Changes will be effective April 1, 2020, for the following UnitedHealthcare Community Plans:

- Arizona
- California
- Hawaii
- Maryland
- Michigan
- Mississippi
- Nebraska
- Nevada
- New Jersey
- New York
- New York EPP
- Ohio
- Pennsylvania CHIP
- Rhode Island
- Virginia

These changes **do not apply** to UnitedHealthcare Community Plans in:

- Florida
- Kansas
- Louisiana
- Pennsylvania Medicaid
- Texas
- Washington



Not all medications will be added, modified or deleted in each state, so please check the state's PDL for a state-specific list of preferred drugs. You may also view the changes at UHCprovider.com/plans > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs.

[UnitedHealthcare Community Plan](#)

Prior Authorization and Site of Service Surgical Expansion

For dates of service on or after **June 1, 2020**, we're expanding our prior authorization and notification requirements to include the procedures/CPT® codes listed [here](#) for UnitedHealthcare Community Plan in **Mississippi**; **July 1, 2020** for UnitedHealthcare Community Plan in **Texas** and **August 1, 2020** for UnitedHealthcare Community Plan in **Pennsylvania**. *We'll only require prior authorization and notification if these procedures/CPT codes are requested to be performed in an outpatient hospital setting.*

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.

Important Information

- 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 prior authorization and notification requirements, we'll continue to review the procedures to determine medical necessity.
- We only require prior authorization and notification for planned procedures.
- If you don't notify us or complete the prior authorization and notification 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.

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

Our [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline](#) includes the criteria we'll use to facilitate our site of service medical necessity reviews. It is available in our [April 2020 UnitedHealthcare Community Plan Medical Policy Update Bulletin](#). On June 1, 2020, the guidelines 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 Prior Authorization and Notification Process

The process for completing the prior authorization and notification requests and timeframes remains the same. You can learn more about how to use the prior authorization advanced notification (PAAN) link through training, complete the prior authorization and notification 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](#)

Medical Policy Updates

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

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.



UnitedHealthcare Medicare Advantage

Learn about Medicare policy
and guideline changes.

[Reimbursement Policy to Deny Perfusionist Services](#)

New guidelines for perfusionists will be effective May 1, 2020. Learn more about this reimbursement policy and specific CPT® codes. [▶](#)

[UnitedHealthcare Medicare Advantage](#)

Reimbursement Policy to Deny Perfusionist Services

Effective May 1, 2020, UnitedHealthcare Medicare Advantage plans will implement new guidelines for perfusionists published as the **Services Included in Facility Reimbursement, Professional Policy**.

What This Means for You

- All non-physician services furnished to inpatients must be furnished directly by the hospital or billed through the hospital under arrangements.
- Claims for perfusionist services when billed by an agency or individual will not be separately reimbursed.
- The facility reimbursement includes the services of technicians responsible for assembly and operation of pumps with an oxygenator or heat exchanger, **CPT® codes 99190, 99191 and 99192**.

This is consistent with CMS guidelines outlined in the Medicare Claims Processing Manual regarding Payment of Nonphysician Services for Inpatients.

This announcement pertains to Medicare Advantage Plan reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.



UnitedHealthcare Affiliates

Learn about updates with our company partners.

[PRA Changes – UnitedHealthcare Oxford](#)

Learn about the roll-out of claims being consolidated to one provider remittance advice (PRA). [▶](#)

[UnitedHealthcare Affiliates](#)

PRA Changes – UnitedHealthcare Oxford

Starting April 1, 2020, some member claims will be consolidated to one Provider Remittance Advice (PRA) for UnitedHealthcare Oxford members previously processed by OrthoNet.

This change to remits will occur over the next several months and is motivated by feedback from you. We appreciate your patience while the change is implemented.



Please contact Provider Services at 800-666-1353.

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PCA-1-20-00125–MarComm-NB_03112020

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