JUNE 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**.

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.

UnitedHealthcare®

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**.

# Table of Contents


## Front & Center

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

**PAGE 4**

## UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

**PAGE 11**

## UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

**PAGE 13**

## UnitedHealthcare Medicare Advantage

Learn about Medicare policy, reimbursement and guideline changes.

**PAGE 18**

## UnitedHealthcare Affiliates

Learn about updates with our company partners.

**PAGE 20**

# Front & Center

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

## COVID-19 Antibody Test Registration Requested

If you're administering COVID-19 antibody tests on behalf of UnitedHealthcare members, please complete a short registration about the test(s) you're using. ›

## Policy, Protocol and Program Delays

This is an update of additions and changes to the delay list posted in last month's *Network Bulletin*. ›

## New EDI Claim Edits

Learn more about Electronic Data Interchange (EDI) 837 claim submissions and how you can track your electronic claims. ›

## Go Paperless with Document Vault

Beginning Sept. 1, 2020, claims acknowledgement letters will be paperless. ›

## Laboratory Test Registration Requirement Coming Soon

Learn more about the laboratory test registration requirement that is coming for free-standing and outpatient hospital laboratory providers. ›

## Lower Extremity Vascular Interventions

Medicare Advantage and Community Plan members will require prior authorization for select codes related to lower extremity vascular interventions starting in September. ›

## Cancer Therapy Pathways Program Opportunities

Complete your enrollment soon to ensure you don't miss out on any reward opportunities in the first period. ›

## 2019 Quality Improvement Program Overview

You can see a brief overview of some of the important activities from UnitedHealthcare's 2019 QI program. ›

## VA Community Care Network Updates

See where you can access information about key updates for Veterans Affairs (VA) Community Care Network (CCN). ›

## Prior Authorization and Notification Requirement Updates

We're making changes to certain advance notification and prior authorization requirements. ›

## Pharmacy Update

The pharmacy bulletin has updates for UnitedHealthcare commercial and UnitedHealthcare Oxford commercial plans. ›

## Specialty Medical Injectable Drug Program Updates

See the latest updates to requirements for Specialty Medical Injectable Drugs for UnitedHealthcare members. ›

## Medical Policy Updates ›

Front & Center

# COVID-19 Antibody Test Registration Requested

UnitedHealthcare is requesting all hospital-affiliated and freestanding laboratories, as well as physician practices with in-house laboratories, register the COVID-19 antibody test(s) that will be used for our members. The registration takes only a few minutes and only needs to be done once per Tax ID number, unless you change tests.

Learn More at **COVID-19 Antibody Test Registration**

# Policy, Protocol and Program Delays

This is an update to the delay list originally published in the ***May Network Bulletin***.

In response to the national public health emergency, we are delaying implementation of the following programs, policies, protocols and site of service reviews. Additional information and updates will be provided in future *Network Bulletin* editions and online at **UHCprovider.com/Network-News**.

- **ePrescribing Requirement for Controlled Substances** — delayed until July 1, 2020
  - — Commercial and Medicare Advantage
- **Genetic and Molecular Prior Authorization code update** — more information and code lists at **uhcprovider.com/genetics**
  - — Ohio — delayed until further notice
  - — Washington — delayed until Sept. 1, 2020
  - — Community Plan
- **Health and Human Services Risk Adjustment Data Validation** (HHS RAVD) audit — delayed until further notice
  - — Commercial
- **Hospital Reference Lab Protocol** — delayed until further notice
  - — Commercial
- Medical Benefit Drug Changes
  - — Orencia Step Therapy Program — no longer being implemented
    - ◦ Commercial
  - — Ocrevus Step Therapy Program — no longer being implemented
    - ◦ Commercial and Community Plan
  - — Ocrevus Administrative Guide/Sourcing Program — being transitioned to the Medication Sourcing Expansion (MSE) program, which applies only to outpatient hospital providers — the implementation date of MSE will be announced in a future *Network Bulletin*
    - ◦ Commercial
- **Prescription Drug List changes** for Inhaled corticosteroids for asthma — changes were not implemented on May 1, 2020; look for additional information in upcoming bulletins.
  - — Commercial

You can see the **full list** on **UHCprovider.com/news**.

Front & Center

# New EDI Claim Edits

New payer-level edits applied to Electronic Data Interchange (EDI) 837 claim submissions will clearly define specific information that may be missing or doesn't match data contained in our systems.

## What You Need to Know

- This new electronic process supports quicker payments
- Implementation occurs during July 2020
- Review your claims rejection report/277CA to identify rejected claims
- Rejected claims should be corrected and resubmitted electronically
- Share this information with your software vendor, clearinghouse or internal IT department if needed

Go to **UHCprovider.com/ediclaimtips** > Tracking your electronic claims or **UHCprovider.com/edicontacts** for support with EDI.

# Go Paperless With Document Vault

There's never been a better time to go paperless. Working remotely and taking care of our environment can go hand in hand as we become paperless. We hope to work together through our tools and services to make this transition easier for you.

Document Vault on Link:

- This is an online repository for most claim letters, prior authorization letters and provider remittance advice for commercial, Medicare and Medicaid.
- The letters in Document Vault are available to you the day they are generated, which saves days on your revenue cycle time.

Beginning Sept. 1, 2020, in situations where we are required to send claim acknowledgement letters (excluding Vermont and Kentucky), these letters will no longer be mailed. Instead they will be found in Document Vault.

- These letters may be accessed for up to 24 months.
- If you don't want to wait until Sept. 1, you can enroll the Paperless Delivery Option tool on Link.

Start paperless delivery for your other communications today:

- Get started with paperless delivery with our Paperless Delivery Option tool, available to your organization's password owner (primary Link administrator). Visit **UHCprovider.com/paperless** for more information.
- Go to **UHCprovider.com/documentvault** for more information on Document Vault.

Go to **UHCprovider.com/paperlessletters** for more information about the paperless auto-enrollment program.

Front & Center

# Laboratory Test Registration Requirement Coming Soon

**Effective Oct. 1, 2020**, claims for most laboratory test services must contain your laboratory's unique test code for each service. Additionally, each test code submitted on a claim must match a corresponding **laboratory test registration** provided in advance to us, or we will deny the claim. To help ensure compliance with these requirements, freestanding and outpatient hospital lab providers should register their laboratory tests prior to **Sept. 1, 2020**.

These requirements apply to most UnitedHealthcare commercial, Medicare Advantage and Community Plan networks.

Registering your laboratory services and placing test codes on your laboratory claim doesn't guarantee that we will pay the claim. Payment for covered services is based on the member's eligibility on the date of the service, any claim processing requirements, and the terms of your Participation Agreement.

Visit **UHCprovider.com/testregistry** to find the following: network exclusions, precise instructions, complete list of laboratory testing that requires registration, description of the laboratory test registration process, and other information.

# Lower Extremity Vascular Interventions

Effective for dates of service beginning **Sept. 1, 2020**, our prior authorization and notification program will include codes related to **lower extremity vascular interventions** for UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan members. For Medicare Advantage members in Iowa, this change will go into effect Nov. 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: **UHCprovider.com/paan**.
- By phone: **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 ID card.

Front & Center

# Cancer Therapy Pathways Program Opportunities

Your practice may **earn rewards** for eligible commercial plans through the Cancer Therapy Pathways Program. You must confirm your participation in the program by July 30, 2020, to be eligible for the first reward period, January through June 2020. See Terms and Conditions document and **UnitedHealthcare Cancer Pathways** website for more details related to rewards.

The Pathways provider dashboard contains information about your practice's participation and adherence. This dashboard is available for viewing through Optum's Cancer Guidance Program.

Cancer Therapy Pathways are available to UnitedHealthcare Community Plan, Medicare Advantage and commercial plans (excluding UnitedHealthcare Oxford commercial plans).

Visit **UnitedHealthcare Cancer Pathways** or email **unitedoncology@uhc.com**.

# 2019 Quality Improvement Program Overview

UnitedHealthcare maintains a Quality Improvement (QI) program to improve our members' and providers' health care experiences. The most important activities in our QI program occurring in 2019 are summarized below.

**Monitoring and Improving Clinical Performance and Service Measures**

We monitored aspects of quality, including but not limited to HEDIS® and CAHPS® measures. Results on key clinical performance measures that improved the most in 2019 are summarized in the table below.

| Measure | UHC National Mean | | | | Trend | |
|---|---|---|---|---|---|---|
| | 2016 | 2017 | 2018 | 2019 | Point Change | QC Percentile |
| Comprehensive Diabetes Care – Blood Pressure Control (<140/90) | 55.94 | 57.87 | 65.09 | 65.94 | 10.00 | 50th |
| Comprehensive Diabetes Care – HbA1c Control (<8%) | 53.19 | 55.55 | 58.74 | 59.72 | 6.5 | 50th |
| Prenatal and Postpartum Care – Postpartum Care | 69.73 | 71.87 | 77.08 | 77.05 | 7.5 | 50th |

**Measuring Member Experience**

We annually measure member experience using the CAHPS® survey tool. The most recent member satisfaction results showed improvement in the areas of:

- Claims processing
- Customer service
- Getting care quickly

For Marketplace, we measure member experience using the Key Member Indicator (KMI) Survey and QHP Enrollee Survey. The most recent surveys show improvements in the area of:

- Rating of health plan

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Front & Center

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## 2019 Quality Improvement Program Overview

**Measuring Provider Experience**

We conducted a Physician and Practice Manager Survey to measure provider satisfaction. Results from the most recent survey showed an improvement of five points or greater in the areas of:

- Overall service satisfaction
- Timeliness of prior authorizations
- Ease of the appeal process
- Timeliness of the appeals process

Efforts are underway to improve performance related to:

- Simplifying the prior authorization process
- Providing a central location for claims information and reducing administrative burden
- Improving ease of access to clinical guidelines
- Improving the efficiency and ease of physician-to-physician communications

UnitedHealthcare strives to provide quality services to our members and providers, and we will continue to provide these updates on our performance.

# VA Community Care Network Updates

You can access a summary of key updates made to the **Veterans Affairs (VA) Community Care Network (CCN) Provider Manual** on the **2020 VA CCN Provider Manual Updates reference guide**.

Additional provider resources are available on Optum's VA Community Care Network provider portal at **provider.vacommunitycare.com**. Or, call CCN Provider Services (8 a.m. to 6 p.m. provider's local time, Monday through Friday excluding federal holidays), Region 1: **888-901-7407**, Region 2: **844-839-6108**, Region 3: **888-901-6613**.

# 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.

Front & Center

# 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 UnitedHealthcare Oxford commercial plans.

# 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.

# 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: June 2020 |
| Oxford Policy Update Bulletin: June 2020 |
| UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: June 2020 |
| UnitedHealthcare West Medical Management Guideline Update Bulletin: June 2020 |
| **UnitedHealthcare Community Plan** |
| Community Plan Medical Policy Update Bulletin: June 2020 |
| **UnitedHealthcare Medicare Advantage** |
| Medicare Advantage Coverage Summary Update Bulletin: June 2020 |
| Medicare Advantage Policy Guideline Update Bulletin: June 2020 |

# UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

## Genetic and Molecular Prior Authorization Update

Review changes for prior authorization requirements for genetic and molecular testing codes for outpatient settings for commercial members. ›

## Reimbursement Policy Updates ›

## UnitedHealthcare Commercial

# Genetic and Molecular Prior Authorization Update

Effective July 1, 2020, for UnitedHealthcare commercial members, we will require prior authorization and notification* for additional genetic and molecular testing codes performed in an outpatient setting. We had originally announced that these codes would require prior authorization on March 1, 2020, and then delayed that implementation until June 1, 2020, due to COVID-19.

**Updated Codes for Genitourinary Infectious Pathogen**:

| | | |
|---|---|---|
| 87510 | 87797 | 87480 |
| 87511 | 87798 | 87481 |
| 87512 | 87799 | 87482 |
| 87660 | 87800 | 87623 |
| 87661 | 87801 | 0068U |

Effective Sept. 1, 2020, for **UnitedHealthcare All Savers members**, we will require prior authorization and notification for genetic and molecular testing performed in an outpatient setting.

Visit **UHCprovider.com/genetics** to learn about the process, see **Frequently Asked Questions** and review up to date code lists. Also, for more information, you can see the Genetic and Molecular Lab Test tool on Link.

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

# Reimbursement Policy Updates

You can access **UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: June** for the latest reimbursement policy updates. Click through for complete details or visit **UHCprovider.com**.

*Determinations for notification/prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. Our clinical policies can be found at **UHCprovider.com/policies**.

Unless otherwise noted, these reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or 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.

## Utilization Review

Learn a bit about some concurrent reviews and prior authorization reviews for select services. ›

## Member Rights and Responsibilities

This is a reminder regarding member rights and responsibilities. ›

## Coordination of Care between Primary Care Practitioners and Specialists

Keep in mind the importance of communication between care providers. ›

## Care Management

Learn about what a United Healthcare Community Plan case manager can provide for your patients. ›

## Clinical Guidelines

There are many guidelines available to you. See where you can learn more. ›

## Pharmacy Update

You can learn about UnitedHealthcare Community Plan pharmacy updates. ›

## Cultural Competence

There is assistance to help you meet the cultural and language needs of Community Plan members. ›

## Appointment Accessibility Standards

See when accessibility requirements apply and where to get more information. ›

## Support for Language Services

We have tools to support and promote culture awareness and the many languages spoken by Community Plan members. ›

## Medical Policy Updates ›

## Reimbursement Policy Updates ›

**UnitedHealthcare Community Plan**

# Utilization Review

UnitedHealthcare Community Plan staff performs concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. The Prior Authorization and Advanced notice tool (PAAN) on Link, provides a listing of services that require prior authorization. You can learn more about Link and the PAAN tool at **UHCprovider.com/PAAN**.

A physician reviews all cases in which the care does not appear to meet guidelines. Decisions regarding coverage are based on the appropriateness of care and service and existence of coverage. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

If you have questions or would like specific UM criteria, you can talk to our staff. Just call toll-free **877-542-9235**. Staff is available 8 hours per day during normal business hours.

# Member Rights and Responsibilities

Just a reminder, the United Healthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual. The Provider Manual is located at **UHCprovider.com/guides**. Member Rights and Responsibilities are distributed to new members upon enrollment. On an annual basis, members are referred to their handbook to review their Member Rights and Responsibilities.

# Coordination of Care between Primary Care Practitioners and Specialists

UnitedHealthcare wants to underscore the importance of ongoing communication between primary care practitioners (PCP) and Specialists. PCPs and specialists share responsibility for communicating essential patient information regarding consultations, treatment plans and referrals. Failure to consistently communicate threatens the ability to provide high-quality patient care. Relevant information from the PCP should include the patient's history, diagnostic tests and results, and the reason for the consultation. The specialist is responsible for timely communication of the results of the consultation and ongoing recommendations and treatment plans.

The information exchange between practitioners should be timely, relevant and accurate to facilitate ongoing patient management. The partnership between the PCP and specialist is based on the consistent exchange of clinical information is a critical part of providing quality patient care.

UnitedHealthcare Community Plan

# Care Management

The UnitedHealthcare Community Plan Case Management program is a holistic approach to care for members with complex needs, especially for those with chronic conditions. The goal is to keep our members in the community with the resources necessary to maintain the highest functional status possible.

**What can the UnitedHealthcare Community Plan Case Manager provide for your patients?**

- Telephonic contact with members and home visits as needed
- Health education and educational materials
- A health assessment with stratification of diagnosis and severity of condition and psychosocial needs
- Referral to community resources as needed
- Assistance with medical transportation
- Arrangements for DME and ancillary services as needed or ordered by the physician
- Outreach to members to promote assistance with keeping doctor's appointments
- Work with members to identify and address barriers to seeking health care and following their medical treatment plan of care

**How to Refer:**

For more information or to make a referral, call our referral line at **877-542-9235**.

# Clinical Guidelines

Clinical Practice Guidelines (CPG) are available at **UHCprovider.com** > Menu > **Health Plans by State > [Select State]**> Medicaid (Community Plan) > Policies and Clinical Guidelines. Guidelines are available for diabetes, asthma, perinatal care, preventive services, ADHD, depression, and many other conditions. Click on your appropriate state and there will be a link to the currently approved CPGs. Or, you may call **877-542-9235** for a copy.

**UnitedHealthcare Community Plan**

# Pharmacy Updates

Just a reminder: Pharmacy updates are available at **UHCprovider.com** > Menu > **Health Plans by State** > Select State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs.

Online you will find:

- A list of covered pharmaceuticals, including restrictions and preferences
  - — Pharmaceutical management procedures
  - — Explanations on limits or quotas
  - — How to submit and support special requests
  - — Generic substitution, therapeutic interchange and step-therapy protocols

Pharmacy hotline **800-922-1557**.

# Cultural Competence

We work to try to identify gaps in care related to member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we are reminding care providers that UnitedHealthcare Community Plan's members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins. Upon enrollment, information regarding a member's primary language is obtained and members may receive assistance in choosing a PCP who will meet their needs.

UnitedHealthcare Community Plan provides access to a language line for translation of communications for our non-English speaking members. The language line is available to help ensure that the cultural, ethnic and linguistic needs of our members are being met. If you need assistance in communicating with one of our members you may call customer service for assistance at **877-542-9235**.

# Appointment Accessibility Standards

As a reminder, UnitedHealthcare Community Plan has appointment accessibility requirements for primary care practitioners and specialists. The requirements apply to routine, urgent and after-hours care. For specific information, please refer to your Provider Administrative Manual, which can be found at **UHCprovider.com**.

## UnitedHealthcare Community Plan

# Support for Language Services

UnitedHealthcare Community Plan serves a diverse group of individuals. Each state within UnitedHealthcare Community Plan has unique membership that has its own cultural and language needs. Information about our membership is collected and analyzed in order to provide our members with services that meet their individual cultural and language needs. An example of some of our diverse membership by state can be found in the table below:

| State | 2nd Language | 3rd Language | 4th Language | 5th Language | 6th Language |
|---|---|---|---|---|---|
| Hawaii | Chinese | Fillipino | Korean | Vietnamese | Tagalog |
| Louisiana | Spanish | Vietnamese | Arabic | | |
| Maryland | Spanish | Vietnamese | | | |
| Michigan | Spanish | Arabic | Bengali | | |
| Mississippi | Spanish | | | | |
| Ohio | Spanish | Nepali | Arabic | Somali | Burmese |
| Pennsylvania | Spanish | Vietnamese | Cambodian | Arabic | |
| Tennessee | Spanish | Arabic | | | |

UnitedHealthcare supports our practitioners in their efforts to provide culturally appropriate care by providing cultural competency training and language services to effectively communicate with our members. Language assistance is available to help providers communicate with members. Services include a telephone language line, in-person interpreters, and video services. We also have tools to promote cultural awareness and assist practitioners in recognizing and treating health disparities.

Visit **UHCprovider.com** to find our more information and to access the following tools:

- Quick Reference Guide — Understanding Cultural Competency and the Americans with Disabilities Act
- The Cross Cultural Health Care Program
- Cultural Orientation Resource Center

You may also call **877-542-9235** to get more information on how to obtain language assistance and interpreter services for our members.

# Medical Policy Updates

Access **Community Plan Medical Policy Update Bulletin: June 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.

## Catheter Ablation for Atrial Fibrillation

Additional CPT codes will be added to the prior authorization process for cardiac ablation for atrial fibrillation. ›

## Prior Authorization and Site of Service Review Update

We're initiating prior authorization/notification requirements and site of service medical necessity reviews for certain procedure codes, effective Sept. 1, 2020. ›

UnitedHealthcare Medicare Advantage

# Catheter Ablation for Atrial Fibrillation

Effective for dates of service **beginning Sept. 1, 2020**, our prior authorization and notification program will include a code related to **cardiac ablations for atrial fibrillation** for UnitedHealthcare Medicare Advantage members. For Iowa, this change will be in effect Nov. 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**.
- By Phone: Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday.

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

# Prior Authorization and Site of Service Review Update

For dates of service on or after **Sept. 1, 2020** for UnitedHealthcare Medicare Advantage plans, we're expanding our prior authorization and notification requirements to include the certain 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 **Nov 1, 2020**, for Iowa and Illinois.
- States excluded from this requirement are **Alaska**, **Kentucky** and **Massachusetts**.

**Outpatient Surgical Procedures — Site of Service Utilization Review Guideline**

We'll use the criteria in our **Outpatient Surgical Procedures — Site of Service Utilization Review Guideline** to facilitate our site of service medical necessity reviews. **Here** is the link to the review guidelines from our Hospital Services (Inpatient and Outpatient) Medicare Advantage Coverage Summary.

**When These Changes Apply**

This change will apply to all UnitedHealthcare Medicare Advantage benefit plans, except Medicare Advantage Private Fee-For-Service Benefit Plans. The site of service medical necessity reviews will also not apply to Medicare and Medicaid Enrollee benefit plans or Medicare Advantage Senior Care Options benefit plans.

Please read our **Frequently Asked Questions**.

*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.

# UnitedHealthcare Affiliates

Learn about updates with our company partners.

## Oxford Health Plan Prior Authorization Update

Effective July 1, 2020, Oxford Health Plan will have updates to their prior authorization and advanced notifications requirements. ›

UnitedHealthcare Affiliates

# Oxford Health Plan Prior Authorization Update

Effective for dates of service on or after July 1, 2020, the Oxford Health Plan will experience changes in their advance notification and prior authorization requirements.

Although prior authorization requirements are being removed for certain codes, **post-service determinations** may still be applicable based on criteria published in medical policies, local/national coverage determination criteria, reimbursement policies and/or state fee schedule coverage.

You can see the following **CPT codes that will NOT require prior authorization** here.