

JULY 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](https://UHCprovider.com/covid19).

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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](https://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 15](#)



## UnitedHealthcare Medicare Advantage

Learn about Medicare policy, reimbursement and guideline changes.

[PAGE 17](#)



## UnitedHealthcare Affiliates

Learn about updates with our company partners.

[PAGE 19](#)



# Front & Center

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

## [New, Streamlined Link Experience Launching in July](#)

We're creating a more streamlined Link experience starting with eligibility & benefits and claims follow up. >

## [Policy, Protocol and Program Delays](#)

See the updates to delays previously announced. >

## [EPCS Requirement Status Change](#)

E-prescribing requirement for controlled substances (EPCS) requirement has resumed, learn more. >

## [Tandem Diabetes Care, Inc. Now in Network](#)

Read more about the latest addition to our network. >

## [Catheter Ablation for Supraventricular Tachycardia](#)

A code is being added to our prior authorization and notifications program. >

## [Retiring Admission Notification Fax Numbers](#)

Review your electronic options as fax numbers are being retired. >

## [Preferred Lab Network Expansion](#)

See the latest additions to our Preferred Lab Network. >

## [Account Deactivation Change for UHCareConnect](#)

User accounts may be disabled due to inactivity. >

## [Cancer Therapy Pathways Program Opportunities](#)

See what's new; indications are regularly added to this program. >

## [Social Determinants of Health \(SDoH\) Protocol](#)

Documenting SDoH data using ICD-10 diagnostic code(s) is now needed. >

## [Helping You Coordinate Patient Care](#)

We have several tools to help you coordinate care. >

## [Care Improves Collaboration Benefits](#)

Collaboration between primary care physicians and behavioral health clinicians can improve member care. >

## [Prior Authorization and Notification Requirement Updates](#)

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

## [Pharmacy Update](#)

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. >

## [Specialty Medical Injectable Drug Program Updates](#)

See the latest updates to requirements for Specialty Medical Injectable Drugs for UnitedHealthcare commercial, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage members. >

## [Medical Policy Updates >](#)

## [Front & Center](#)

# New, Streamlined Link Experience Launching in July

You spoke and we listened! In response to user feedback where you let us know that Link tiles take up too much space on your screen and are difficult to navigate, we're launching a new digital experience in phases. eligibilityLink and claimsLink users can enjoy this new experience beginning July 13, 2020. For now, you'll need to access the new tools through a tile, but after all tools have transitioned there will no longer be any tiles.

We've been piloting the new tools with users since mid-March and have received positive feedback. We've also been able to implement suggestions from the pilot group, so we feel confident the new experience is faster and easier to navigate. New behind-the-scenes analytics will help us make future improvements as well.

The first time you try eligibility and benefits or claims status and follow up, on-screen tips will walk you through the features. eligibilityLink and claimsLink won't be retired until the fall so that you can transition at your own pace.

The new experience will provide you with:

- A streamlined approach to verify patient eligibility and benefits, check claim status and take action
- The ability to easily move between eligibility and claims
- Greater efficiency and speed
- Tool tips tutorial during your first visit

You can send us your thoughts using the Feedback button on the right side of the screen. We look forward to hearing from you.

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## Policy, Protocol and Program Delays

In response to the national public health emergency, we delayed implementation of some programs, policies, protocols and site of service reviews. Please review this update.

- [Medication Sourcing Expansion](#) — delayed until Oct. 1, 2020
  - Commercial

You can find a listing of past delays in the [May](#) and [June](#) *Network Bulletins* and see the full list on [UHCprovider.com/news](https://UHCprovider.com/news).



Additional information and updates will be provided in future editions of the Network Bulletin and online at [UHCprovider.com/NetworkNews](https://UHCprovider.com/NetworkNews).

## [Front & Center](#)

# EPCS Requirement Status Change

Starting **July 1, 2020**, OptumRx will lift the on-hold status of their e-prescribing requirement for controlled substances (EPCS) and will no longer fill prescriptions received by hard copy, fax or phone for opioids and other controlled substances.

Please note that this **only affects OptumRx home delivery services** and not OptumRx pharmacy benefits as a whole. Members can still receive prescriptions for controlled substances without e-prescriptions at their local pharmacies.

If you or your practice are planning to become certified in 2020 and won't be live by July 1, 2020, please email [EPCSquestions@optum.com](mailto:EPCSquestions@optum.com) to ask about an exemption.



Visit the following sites [EPCS Frequently Asked Questions](#), [EPCS Landing Page](#), [EPCS Webinar](#), [EPCS Exception Requirements](#) or email [EPCS Email Hotline](#).

# Tandem Diabetes Care, Inc. Now in Network

Beginning July 1, 2020, Tandem Diabetes Care, Inc. will be in network for Medicare Advantage, Medicaid, Individual and Group Market plans providing diabetic pumps for our members.



Please contact Provider Services at **877-842-3210**.

# Catheter Ablation for Supraventricular Tachycardia

Effective for dates of service **beginning Oct. 1, 2020**, our prior authorization and notification program\* will include CPT® code **93653**, related to cardiac ablations for **Supraventricular Tachycardia (SVT)** for UnitedHealthcare commercial and United Healthcare Medicare Advantage plans (to include UnitedHealthcare Dual Complete plans).

For Colorado and Iowa, this change will be in effect Nov. 1, 2020.

You can learn more about Prior Authorization and Notification tool [here](#).



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

\* 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.

[Front & Center](#)

## Retiring Admission Notification Fax Numbers

Across our network, fax numbers used to provide hospital admission notifications will be retired throughout the year. Instead of faxing your notification, you can use the HIPAA Electronic Data Interchange (EDI) 278N transaction or the Prior Authorization and Notification tool on Link.

The following admission notification fax numbers will be the first targeted for retirement this year:

Plan	Fax Number	Target Date
Medicare Advantage and Medicare Dual Special Needs Plans	844-211-2369	Oct. 1, 2020
Commercial	844-831-5077	Nov. 2, 2020

You will be notified of the retirement of the remaining fax numbers and their effective dates in future publications. You can immediately begin to transition all your admission notifications to an electronic channel today.

### Your Electronic Options

- For more information on EDI 278N transaction visit the [EDI Connectivity](#) page on [UHCprovider.com](#). Please refer to the [EDI 278N for Hospitals Reference Guide](#) for implementation information.
- For access to the [Prior Authorization and Notification tool](#) on Link, click the Link button in the top right corner of [UHCprovider.com](#) and sign in; or if you are new to Link go to [UHCprovider.com/newuser](#).

If you're unable to use one of the electronic options, call Provider Services at 877-842-3210 to submit a notification by phone.

Because change takes time, we are giving several months advance notice of this process change. Our goal is to remove administrative burden, improve accuracy and quality, and make it easier for you to work with us and reduce costs.

As always, we will comply with any contractual and regulatory requirements.

## Preferred Lab Network Expansion

Effective July 1, 2020 the following labs will be a part of our Preferred Lab Network:

- AmeriPath Inc.
- BioReference Laboratories, Inc.
- GeneDX
- Invitae Corporation
- LabCorp & Subsidiaries
- Mayo Clinic Laboratories\*
- Millennium Health, LLC
- Quest Diagnostics, Inc.

The Preferred Lab Network consists of currently contracted independent, free-standing laboratory care providers that meet our high standards for access, cost, data, quality and service. The Preferred Lab Network providers will be highlighted in our directories starting July 1, 2020, to make it easy for members and care providers to identify them.



Please visit Preferred Lab Network on [UHCprovider.com](#).

\* Laboratory services billed by Mayo Clinic and Mayo Health System are not included under the Mayo Clinic Laboratories agreement.

## [Front & Center](#)

# Account Deactivation Change for UHCCareConnect

In order to ensure providers' access is limited to only active staff and resources, UHCCareConnect will disable user accounts after a consecutive 90-day period of inactivity.

- Deactivation of a user account will only disable the user's ability to log in to the portal; it will not remove their membership visibility.
- Email reminders will be sent at 45 and 60 days of inactivity to encourage users to sign into the application.

If account access has been deactivated, please call the UHCCareConnect (HealthBI) Customer Care Center at **866-417-2959** or you can [complete a ticket online](#). The HealthBI Customer Care Center is available from 8 a.m. – 8 p.m. EST.

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# Cancer Therapy Pathways Program Opportunities

Additions are being made to the Cancer Therapy Pathways program; our latest additions are **rectal cancer**, **small cell lung cancer** and **hepatobiliary cancer**. Learn more about how you can participate and **earn rewards** for eligible Commercial plans at [UnitedHealthcare Cancer Pathways](#).

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



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

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# Social Determinants of Health (SDoH) Protocol

Effective Oct. 1, 2020, we strongly encourage you to document Social Determinants of Health (SDoH) using ICD-10 diagnostic code(s) (or successor diagnostic codes) in the member's medical record. Unless prohibited by federal or state law, this protocol applies to all of UnitedHealthcare's members, including UnitedHealthcare Medicare Advantage, Medicaid, and Individual and Group Market plans.

## What's Changing

As a result of this protocol, you are strongly encouraged to routinely screen, document, and submit the appropriate ICD-10 code(s) when a patient is impacted by SDoH. Although the list of ICD-10 codes is not comprehensive of all social determinants, it is a step you and we can take together in improving the lives of our members.

We encourage you to remain current on the utilization of these SDoH ICD-10 codes, as they may be updated.

## Read the Full Protocol

You can find the full Social Determinants of Health Protocol at [UHCprovider.com](#) > Policies and Protocols > Under "Additional Resources" choose "Protocols" > [Social Determinants of Health Protocol](#).

## [Front & Center](#)

# Helping You Coordinate Patient Care

Effective health care coordination between care providers helps ensure that members receive safe, high-quality care and improve overall experience. To help you coordinate care so members can live healthier lives, we monitor continuity and coordination of medical care for members across settings or transitions of care, including changes in:

- Management of care between practitioners
- Health care settings, including inpatient and ambulatory locations
- Practitioners partnering to provide ongoing care for a member

Some examples of the care coordination activities we provide are:

- Controlled Substance Monitoring
- End-Stage Renal Disease Program
- Timely Postpartum Care
- Diabetic Eye Exam
- Discharge Transitions of Care
  - Unplanned admission
  - NICU
- Member and Practitioner Coordination of Care Survey Questions

Availability of these care coordination activities vary by health care plan. For a detailed list of care coordination activities see [here](#).



Call Provider Relations at **877-842-3210**.

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## Care Improves with Medical-Behavioral Collaboration

Timely coordination and collaboration helps ensure care is safe and effective when members receive services from more than one care provider. Please discuss with your patients the benefits of sharing essential clinical and behavioral health information with all their physicians and clinicians. When applicable, we encourage you to obtain a signed release from each of our members that allows you to share appropriate treatment information.

Continuity and coordination of care takes on greater importance for patients with severe and persistent mental health and/or substance use conditions. This is also true when medications are prescribed, when there are co-existing medical/psychiatric symptoms, or when patients have been hospitalized for a medical or psychiatric condition.

## [Front & Center](#)

# Prior Authorization and Notification Requirement Updates

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



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

## Pharmacy Update

This pharmacy bulletin outlines upcoming new or revised clinical programs and implementation dates. It is available online at [UHCprovider.com/pharmacy](https://UHCprovider.com/pharmacy) for UnitedHealthcare commercial and UnitedHealth 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](https://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: July 2020](#)

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

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

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

### UnitedHealthcare Community Plan

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

### UnitedHealthcare Medicare Advantage

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

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

### UnitedHealthcare Dental

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



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

## [New Release for UnitedHealth Premium® Program](#)

UnitedHealth Premium® Program is releasing version 13 this summer. >

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## [Requirement Expansion for Certain Medications](#)

Review this update of our expansion of the requirement to use a participating specialty pharmacy provider for certain medications. >

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## [Optum Fertility Solutions Guideline](#)

There are updates to the Infertility Medical Necessity Clinical Guidelines. >

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## [Optum Neonatal Resource Services Clinical Guidelines](#)

Revisions will be taking effect this fall to our Neonatal Resources Services (NRS) Clinical Guidelines. >

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## [Member Rights and Responsibilities](#)

Learn more about how we can help you coordinate care. >

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## [Prescription Drug List Updates](#) >

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## [Reimbursement Policy Updates](#) >

## [UnitedHealthcare Commercial](#)

# New Release for UnitedHealth Premium® Program

UnitedHealth Premium will send annual evaluation notifications this summer. Upon receipt, physicians and group administrators will be able to access updated designation details at [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com). If you've previously signed in and validated your personal identification number on our site, your notification will be sent to the email attached to your Optum ID. All other Premium-eligible physicians and practice administrators will receive letters by U.S. Postal Service.

For this release, the Premium program uses claims submitted and processed for dates of service from Jan. 1, 2017, through Feb. 29, 2020, prior to the President's proclamation declaring a national emergency concerning COVID-19. We'll make accommodations around the reconsideration due date for physicians affected by the COVID-19 emergency.



You can see all Version 13 methodology documents, sign in and find more information at [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com).

## Requirement Expansion for Certain Medications

Effective Oct. 1, 2020, for UnitedHealthcare commercial plan members, we are expanding our existing specialty pharmacy requirements.

Hospitals will be required to obtain certain specialty medications from the specialty pharmacies listed for administration of these medications in their outpatient facilities, unless otherwise authorized by us. In the event the specialty medication is obtained through the specialty pharmacy, the specialty pharmacy will bill us directly for these medications under the member's medical benefit. We first communicated this change to you in the [January Network Bulletin](#).

### What's changed:

- View the full medication and specialty pharmacy list [here](#).
- The following states and territories are out of scope:
  - Alaska
  - Hawaii
  - Kentucky
  - Maryland
  - Utah
  - Puerto Rico
  - U.S. Virgin Islands



Please contact your Network Management or Provider Relations team.

## [UnitedHealthcare Commercial](#)

# Optum Fertility Solutions Guideline

On Sept. 29, 2020, for our commercial members, the following revisions will become effective to the Infertility Medical Necessity Clinical Guideline based on current clinical evidence and expert panel input:

- The definition of infertility has been revised per American Society for Reproductive Medicine (ASRM).
- Ultrasound monitoring has been added as not medically necessary for ovarian stimulation using oral medications in conjunction with Intrauterine insemination (IUI).
- Clomid and letrozole are now noted as not indicated in the setting where natural cycle IUI is indicated.
- Intracytoplasmic sperm injection (ICSI) is indicated when using previously cryopreserved oocytes.
- Adjunct treatments of dehydroepiandrosterone, testosterone, growth hormone, aspirin, heparin, antioxidants for female partner, seminal plasma and platelet-rich plasma have been added as not indicated in conjunction with an Assisted Reproductive Technology (ART) cycle.



The revised clinical guideline can be accessed [here](#).

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# Optum Neonatal Resource Services Clinical Guidelines

On Sept. 29, 2020, for our commercial members, the revisions to the following Neonatal Resource Services (NRS) Clinical Guidelines will become effective based on current clinical evidence and expert panel input:

- Apnea and Bradycardia
- Discharge Planning
- Early-Onset Sepsis (EOS)
- Feeding the Neonate



These revised clinical guidelines can be accessed [here](#).

## [UnitedHealthcare Commercial](#)

# Member Rights and Responsibilities

You are encouraged to maintain a mutual respectful relationship with our members. Please take the time to review the [complete list of member rights and responsibilities](#).

You're welcome to distribute the complete list to your patients who are our members. If they have any questions about their rights, or need help communicating, such as assistance from a language interpreter, please ask them to call the customer service phone number on the back of their health plan member ID card.

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# Prescription Drug List Updates

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

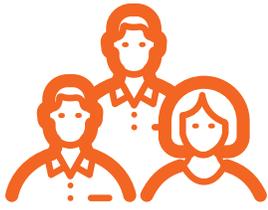
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# Reimbursement Policy Updates

You can access [UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: July](#) for the latest reimbursement policy updates. Click through for complete details or visit [UHCprovider.com](#).

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.

E&I Commercial Business initiatives included in this Bulletin requiring prior authorization and/or Site of Service (SOS) reviews will not be implemented for providers practicing in Rhode Island until reviewed and approved by the Rhode Island Office of Health Insurance Commissioner (OHIC).



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

## [3rd Quarter 2020 Preferred Drug List Update](#)

See what's changed for this quarters preferred drug list. >

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## [Medical Policy Updates](#) >

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## [Reimbursement Policy Updates](#) >

## [UnitedHealthcare Community Plan](#)

# 3rd Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. The 3rd Quarter 2020 PDL updates can be viewed [here](#). Please review the changes and update your references as necessary.

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

- Arizona
- California
- Hawaii
- Maryland
- Nebraska
- Nevada
- New Jersey
- New York
- New York EPP
- Ohio
- Pennsylvania
- Rhode Island\*
- Virginia

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

- Florida
- Kansas
- Louisiana
- Michigan
- Mississippi
- Texas
- Washington

\*Changes in scope for Rhode Island will be effective August 1, 2020

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](https://UHCprovider.com/plans) > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs.

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## Medical Policy Updates

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

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## Reimbursement Policy

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: [UHCprovider.com](https://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.

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

Utah will be excluded from some prior authorization requirements and site of service medical necessity reviews. >

[UnitedHealthcare Medicare Advantage](#)

## Prior Authorization and Site of Service Reviews

Effective Sept. 1, 2020, we will conduct site of service medical necessity reviews for surgical procedures if the procedure will be performed in an outpatient hospital setting. We previously announced the states excluded from these reviews, but we want to clarify that **Utah** will be excluded from the prior authorization requirements and site of service medical necessity reviews for certain surgical procedure codes at this time.



**Questions?** Please read our [Frequently Asked Questions](#).



# UnitedHealthcare Affiliates

Learn about updates with our company partners.

## [Oxford Health Plan Prior Authorization Update](#)

See what is now required for site of service medical necessity reviews for certain surgical procedures. >

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## [Oxfordhealth.com Provider Portal Login Change](#)

See the login change being made to Oxfordhealth.com. >

## [UnitedHealthcare Affiliates](#)

# Oxford Health Plan Prior Authorization Update

For dates of service on or after July 1, 2020, UnitedHealthcare Oxford Health Plans are changing their Advance Notification and Prior Authorization Requirements for certain surgical procedures/CPT codes listed [here](#). We will now only require notification/authorization for these procedures/CPT codes if the procedure is planned to be performed in an outpatient hospital setting.

Further, as previously communicated, **effective for dates of service on or after July 1, 2020**, additional site of service medical necessity reviews will be implemented for certain surgical procedures. We updated UnitedHealthcare Oxford's Clinical Policy titled *Outpatient Surgical Procedures – Site of Service* which goes into effect on **July 1, 2020** to include these additional surgical procedures. This policy will be used to facilitate our site of service medical necessity reviews for surgical procedures. On July 1, 2020, you can find the updated policy at [UHCprovider.com/policies](#) > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#).



You can find more information, including the affected CPT code lists can be in the UnitedHealthcare Oxford Prior Authorization and Site of Service Reviews for Surgical Codes [Frequently Asked Questions Document](#).

# Oxfordhealth.com Provider Portal Login Change

Effective Oct. 1, 2020, OxfordHealth.com will transition from using existing Oxford credentials to an Optum ID at login. If you haven't already done so, you will need to create an Optum ID in order to access the portal.

Please see [here](#) for directions to create your Optum ID and connect it to your Oxford credentials.

If you haven't created an Optum ID for the **OxfordHealth.com** website as of Oct. 1, 2020, you will no longer have access to log in and will need to follow the [steps to enroll](#), which may cause a delay in getting the information you need.

Site of Service (SOS) medical necessity reviews will not be implemented for providers practicing in Rhode Island until reviewed and approved by the Rhode Island Office of Health Insurance Commissioner (OHIC).

Insurance coverage provided by or through UnitedHealthcare 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 the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc. or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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