Network Bulletin

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

United
Healthcare

UnitedHealthcare respects the expertise of the physicians, health care professionals and 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**

- ✓ **Procedure and policy changes**

- ✓ **Administrative information**

- ✓ **Clinical information**

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

Subscribe to receive *Network Bulletin* and Network News updates

Our personalized eNewsletters give you and your staff the latest updates on UnitedHealthcare procedures, policy changes and other useful administrative and clinical information.

Visit **UHCprovider.com/subscribe** to sign up to personalize the information you receive.

Questions?

For more information, call **877-842-3210** or visit **UHCprovider.com**.

For the latest on COVID-19, visit the Centers for Disease Control and Prevention at <u>CDC.gov</u>. For UnitedHealthcare benefits information and resources related to COVID-19, visit <u>UHCprovider.com/covid19</u>.

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 **<u>UHCprovider.com/covid19</u>**.

Questions?

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Network Bulletin PDF Format Retiring

Starting **Jan. 1, 2021**, the *Network Bulletin* PDF format will be retired. You'll continue to have access to all your notices and updates online at **UHCprovider.com/networknews**.

This fully digital experience allows you to view the news most relevant to you. And, you can easily print and share individual articles as needed.

You can sign up to receive monthly email updates at **UHCprovider.com/subscribe**.

Important Exchange Plan Resources

Starting Jan. 1, 2021, Exchange plans will be available in **Arizona**, **Maryland**, **North Carolina**, **Oklahoma**, **Tennessee**, **Virginia** and **Washington**.

Protocols

The protocols listed below are now available on **UHCprovider.com/protocols** and include Exchange Plan business information.
1.   Medical Record Requirements for Pre-Service Reviews
2.   Participating Provider Laboratory and Pathology Protocol
3.   Participating Provider Laboratory and Pathology Protocol — FAQs

Site of Service Medical Necessity Reviews

Certain **outpatient surgical procedures** and **office-based procedures** will require site of service medical necessity reviews.

Reimbursement Policies

Exchange plan reimbursement policies are now available at **UHCprovider.com**. Please take the time to review before Jan. 1, 2021.

Effective Jan. 1, 2021, the Unitedhealthcare Telehealth and Telemedicine Reimbursement policy will apply to Exchange plans. You can find more information on the Telehealth and Telemedicine Reimbursement Policy at **UHCprovider.com/telehealth** > Reimbursement Policy > **Commercial**.

Questions?
Please contact **888-478-4760**.

Computed Tomography Site of Service Update

For dates of service on or after Jan. 1, 2021, HCPCS code S8092 will no longer be subject to site of service medical necessity review for our UnitedHealthcare commercial benefit plans, including Oxford, Neighborhood Health Partnership and UnitedHealthcare of the River Valley. HCPCS code S8092 will continue to be subject to notification/prior authorization, however this means, HCPCS code S8092 will continue to be reviewed for medical necessity.

- This update does not apply to UnitedHealthcare West or Sierra at this time.
- This information can be accessed from the **UnitedHealthcare Commercial Medical Policy Update Bulletin: November 2020** and the **UnitedHealthcare Oxford Policy Update Bulletin: November 2020**.

Lab Test Registration Requirement — Delay and Scope Update

Implementation Delay
We delayed implementation of the **Laboratory Test Registry** protocol until April 1, 2021, due to the national public health emergency.

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

Effective April 1, 2021, claims for most laboratory test services must contain your laboratory's unique test code for each service. In addition, each test code submitted on a claim must match a corresponding laboratory test registration provided to us by March 1, 2021.

UnitedHealthcare Oxford In Scope
Effective April 1, 2021, UnitedHealthcare Oxford plans will be included in the laboratory test registration protocol.

Overview of Protocol
When a laboratory test CPT® code or Healthcare Common Procedure Coding System (HCPCS) code is billed, a corresponding test code with a matching test registration will be required for each claim line submitted, or we'll deny the claim.

Registering your laboratory services and placing the test code on your laboratory claim doesn't necessarily guarantee that UnitedHealthcare 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.

For more information
Please visit **UHCprovider.com/testregistry**.

Screening for Common Behavioral Health Issues

The U.S. Preventive Services Task Force (USPSTF) recommends primary care providers (PCP) screen patients for depression, ADHD and alcohol/substance use in primary care settings. Screening is critical to treatment, since it can contribute to the patient's readiness to change. You can help by screening all patients, including adolescents. To assist, we recommend the following screening tools and resources:

Depression

- **Patient Heath Questionnaire (PHQ) Screeners**[1] — downloadable PHQ screeners with background information, scoring instructions and proposed treatment actions

Attention-Deficit Hyperactivity Disorder (ADHD)

- **Vanderbilt Assessment Scales**[2] — used for children ages 6-12
- **CHADD** — resources and tips about all aspects of ADHD and related conditions

Alcohol/Substance Use

- **NIAAA – Brochures and Fact Sheets** — resources from the National Institute on Alcohol Abuse and Alcoholism
- **NIAAA – Screening Tests** — AUDIT, CAGE and T-ACE
- **CRAFFT** — substance use screening tool for adolescents ages 12-21
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** — guide for PCPs with patients who have unhealthy alcohol/drug use

Additional Resources

- **ProviderExpress.com** > Clinical Resources > Behavioral Health Toolkit for Medical Providers OR Clinical Tools and Quality Initiatives
- **UHCProvider.com** > Menu > Resource Library > **Behavioral Health Resources**
- **LiveandWorkWell.com** (use access code 'clinician') > Mind & Body > Mental Health OR Substance Use Disorder/Addiction
- **Live and Work Well-Prevention Center** > Depression OR > Substance Use/Addiction OR Attention-Deficit/Hyperactivity Disorder (ADHD)
- For referrals — **ProviderExpress.com** > Our Network > Directories OR call the toll-free number on the back of the member's health care identification card

The COVID-19 national public emergency has created unprecedented changes to virtually every part of the health care system and most people's lives. To assist with treatment opportunities, there are many more telehealth visit options for our members. To view the latest resources, telehealth options and news on the national public emergency, please visit **ProviderExpress.com**.

Medical Record Standards

A comprehensive detailed medical record for your patients is key to promoting quality medical care and improving patient safety. The **Administrative Guide**, **Chapter 11**, on **UHCprovider.com** provides you with our medical record standards and requirements, as well as access to medical record tools, templates and other patient safety resources.

Diagnosis and Treatment of ADHD

A comprehensive medical evaluation is necessary to appropriately diagnose attention-deficit hyperactivity disorder (ADHD) and rule out any potential medical causes for the symptoms.

The **American Academy of Pediatrics** and the **American Academy of Child and Adolescent Psychiatry** have developed evidence-based clinical practice guidelines to help you diagnose ADHD. These clinical practice guidelines should be used along with information from parents and teachers.

- **Vanderbilt Assessment Scales** are used to help diagnose ADHD in children ages 6-12
- **CHADD – The National Resource on ADHD** offers resources and tips about all aspects of ADHD

Once an ADHD diagnosis is confirmed, the treatment plan usually includes a combination of behavior modification, pharmacotherapy, parent training and education. You can learn more at:

- **liveandworkwell.com** > Access code "united" > Mind and Body > Mental Health > ADHD
- **providerexpress.com** > Clinical Resources > Behavioral Health Toolkit for Medical Providers and Clinical Tools and Quality Initiatives

While some patients may require more frequent monitoring, the following is the minimum recommended follow-up schedule for children, ages 6-12 who start taking ADHD medication:[3]

- An initial follow-up visit within 30 days of starting treatment
- Two additional follow-up visits within nine months of starting treatment

The COVID-19 national public emergency has created unprecedented changes to virtually every part of the health care system, and most people's lives. To assist with treatment opportunities, there are many more telehealth visit options for patients. Virtual visits can be used for ADHD follow-up appointments. To view the latest resources, telehealth options and news on the national public emergency, please visit **ProviderExpress.com**.

Treatment for Members With Substance Use Disorders

Substance use disorders (SUD) are a national problem. Providing treatment for individuals with substance use disorders helps decrease drug-related illnesses and deaths and reduces the economic and social costs associated with substance use.[4] The first step is to properly identify a substance use disorder. Screening tools can be accessed at **providerexpress.com** > "Clinical Resources" > "Clinical Tools and Quality Initiatives."

Brief and easy-to-administer assessment tools to help screen substance use disorders include:

- APA DSM5 Level 2 Substance Use Adult
- APA DSM5 Level 2 Substance Use Parent of Child Ages 6-17
- AUDIT
- CAGE, CAGE-AID
- CRAFFT

After diagnosis, it is important to get treatment right away. Individuals who are newly diagnosed should be seen for follow-up **within 14 days** and then again **two more times within 34 days**.[5]

- Focus on individualized treatment
- Build on the individual's motivations and strengths
- Engage family and other supports in treatment

The COVID-19 national public emergency has created unprecedented changes to virtually every part of the health care system and most people's lives. Those with opioid use disorders (OUD) are a particularly vulnerable group. To assist with treatment opportunities, the Drug Enforcement Administration (DEA) is allowing licensed providers to prescribe medication-assisted treatment (MAT) through telehealth without requiring in-person clinical visits and waiving the requirement for video.[6] To help avoid adverse events and deaths related to opioids, please reach out to your patients. We want to help make a difference, but we can't do it alone. We need your help to keep our plan members safe.

Additional information on SUD and patient resources are available on the **Behavioral Health Toolkit for Medical Providers** on **providerexpress.com** > "Clinical Resources", which now contains PsychHub videos and on **liveandworkwell.com** > "Mind & Body" > "Substance Use Disorder/Addiction."

Credentialing Plan 2021-2023 Summary of Changes

We review and update our Credentialing Plan at least every two years to maintain compliance with all state and federal regulatory requirements, as well as accreditation requirements of the National Committee for Quality Assurance (NCQA). The 2021-2023 UnitedHealthcare Credentialing Plan will be effective March 1, 2021.

Here are some of the key changes:

- Updated the definition of Material Restriction to include limitation of practice hours or a prohibition on solo practice
- Updated the definitions of the Regional Peer Review Committee and the National Peer Review and Credentialing Committee
- Updated the requirement for a current license to address Material Restrictions
- Added clarification that in some situations an initial credentialing cycle may include the review of Quality of Care concerns
- The practitioner must have a valid DEA or they must identify a participating practitioner or group practice name with a valid DEA/CDS to prescribe on their behalf
- Updated Malpractice History review for credentialing and recredentialing to state that the Credentialing Entity may determine, in its discretion, to review malpractice settlements or judgments for a longer period of time
- Section 9.0 was amended to reflect the Regional Peer Review's responsibilities

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.

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.

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: November 2020

Oxford Policy Update Bulletin: November 2020

UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: November 2020

UnitedHealthcare West Medical Management Guideline Update Bulletin: November 2020

UnitedHealthcare Community Plan

Community Plan Medical Policy Update Bulletin: November 2020

UnitedHealthcare Medicare Advantage

Medicare Advantage Coverage Summary Update Bulletin: November 2020

Medicare Advantage Policy Guideline Update Bulletin: November 2020

UnitedHealthcare Dental

Dental Policy Update Bulletin: November 2020

Reimbursement Policy Updates

You can access the complete details on reimbursement policy updates through the following bulletins.

UnitedHealthcare Commercial & Affiliates

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: November

UnitedHealthcare Community Plan

Community Plan Reimbursement policies bulletins: **Health Plans by State > [Select State]** > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters

UnitedHealthcare Medicare Advantage

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: November 2020

[1]PHQ-9 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

[2]Vanderbilt Scales were developed by the National Institute for Children's Health Quality (NICHQ) PCA-1-20-003219-MarComm-NB

[3]*Healthcare Effectiveness Data and Information Set (HEDIS®) 2018: Specifications for Survey Measures*. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[4]Substance Abuse and Mental Health Services Administration (U.S.); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): U.S. Department of Health and Human Services; 2016 Nov. CHAPTER 1, INTRODUCTION AND OVERVIEW OF THE REPORT. Available from: **https://www.ncbi.nlm.nih.gov/books/NBK424860/**

[5]National Committee for Quality Assurance (2019). *Healthcare Effectiveness Data and Information Set (HEDIS®) Technical Specifications*.

[6]U.S. Department of Justice, Drug Enforcement Administration deadiversion.usdoj.gov/coronavirus.html

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UnitedHealthcare Commercial

Clinical Fax Number Retirement in Early 2021

The fax number, **800-628-0654**, will retire in early 2021.

We have many ways for you to connect with us to more efficiently route your information depending on the request. If you use this fax number, review the information below, and based on the submission, follow the directions provided:

Pre-service prior authorization requests
Use the Prior Authorization and Notification tool on Link.

Medical records requested during prior authorization review
Add the records directly to the case using the Prior Authorization and Notification tool on Link or follow the instructions from the nurse reviewer.

Admission notifications
Use the HIPAA Electronic Data Interchange (EDI) 278N transaction or the Prior Authorization and Notification tool on Link.

Medical records to support inpatient concurrent review
Add the records directly to the case using the Prior Authorization and Notification tool on Link or await clinical requests from the Inpatient Care Management team and submit according to the instructions they provide.

Hospital face sheets and materials not requested by UnitedHealthcare
Please send information only when requested. When we request information, we'll provide submission instructions.

Using EDI
For information on using the EDI 278N transaction, visit **UHCprovider.com/278n**.

Using the Prior Authorization and Notification tool on Link

1. For access to Link, visit **UHCprovider.com/newuser**.
2. To use the Prior Authorization and Notification tool, sign in to Link using the button in the upper right corner of **UHCprovider.com**. Help materials can be found at **UHCprovider.com/paan**.
3. Need help? Please call the Help Desk at **866-842-3278**, option 1. Representatives are available Monday – Friday, 7 a.m. – 9 p.m. Central Time.

Unable to use our online tools?
You can call Provider Services at **877-842-3210** to submit a Prior Authorization or Admission Notifications request by phone.

 Questions?
Please call the number on the member's ID card or visit **UHCprovider.com**.

Leuprolide Acetate Requires Prior Authorization

On Feb. 1, 2021, we will begin requiring prior authorization for **leuprolide acetate (HCPCS code J1950)** for commercial plan members.

If the member received leuprolide acetate in an outpatient setting from Nov. 1, 2020, through Jan. 31, 2021, you **don't** need to submit a prior authorization request. The prior authorization coverage of leuprolide acetate, which the member was receiving prior to Feb. 1, 2021, will be effective through Jan. 31, 2022.

How to Submit Prior Authorization

- **Sign in to Link** using your Optum ID and select the Prior Authorization and Notification tool.

- If you don't have an Optum ID, you can **register today**.

Please complete all notifications online. If you have questions or need assistance with your online request, call **888-397-8129**, 8 a.m. – 5 p.m., Monday – Friday local time.

Questions?

Please visit **Prior Authorization for Chemotherapy and Related Cancer Therapies**.

Medical Policy Updates

Access the **Community Plan Medical Policy Update Bulletin: November 2020** for complete details on the latest updates.

2021 Medicare Advantage Expansion

As of Jan. 1, 2021, we are expanding Medicare Advantage plan offerings into more than 1,337 counties. Many, but not all, UnitedHealthcare and AARP®-branded HMO plans will deploy a new feature — access to a national network of contracted Medicare Advantage providers. That means these HMO members, who select a plan with national network access, will have nationwide access to care at in-network costs.

The following states have Medicare Advantage plan expansions:
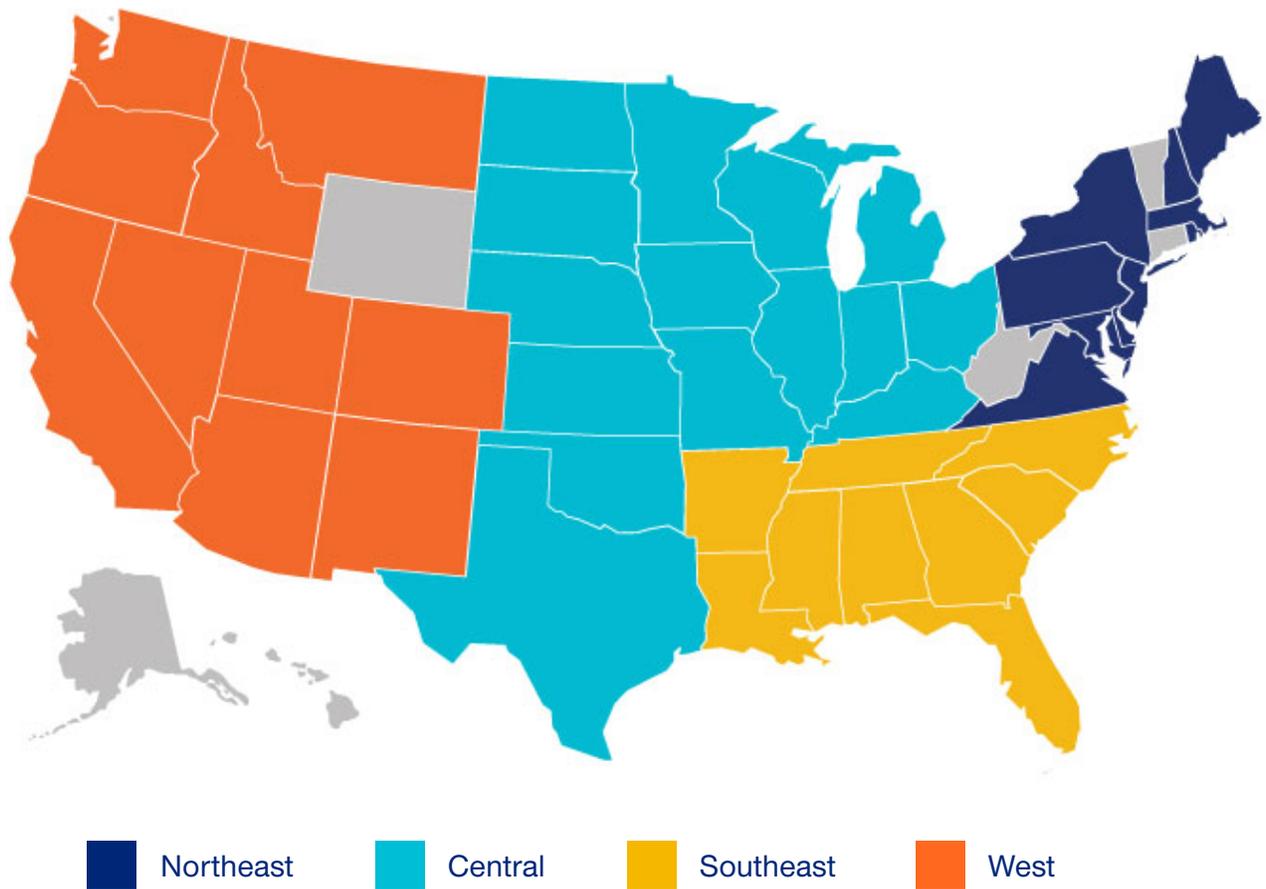
Northeast　　Central　　Southeast　　West

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Northeast	Central	Southeast	West
DE	IL	AL	AZ
MD	IN	AR	CA
MA	IA	FL	CO
ME	KS	GA	ID
NH	KY	LA	MT
NJ	MI	MS	NM
NY	MN	NC	NV
PA	MO	SC	OR
RI	NE	TN	UT
VA	ND		WA
	OH		
	OK		
	SD		
	TX		
	WI		

To learn more about all Medicare Advantage plans in your state and the National Network structure, please visit **UHCprovider.com** > Health Plans by State > *Choose your state* > Medicare Advantage Health Plans.

Participating care providers may review the Medicare Advantage plans that they are contracted to accept by visiting the My Practitioner Profile tool on Link and exploring the Provider Products section within the Provider Demographic Details (Link > Provider Demographics > Details > Provider Products).