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

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**.

Questions?

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

Page 3

Table of Contents

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

Table of Contents

Table of Contents

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

UnitedHealthcare Community Plan

Learn about Medicare policy, reimbursement and guideline changes.

Table of Contents

UnitedHealthcare Medicare Advantage

State News

Network Bulletin PDF Format Retiring

To help bring you timely and easily accessible news, 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 print and share individual article URLs as needed.

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

This change is being made to improve your news experience while also reducing the use of paper. We will continue to be thoughtful and well-coordinated in our phased approach as we work toward our paperless goal.

2021 Telehealth Policy Updates

With the rise of telehealth services, we want to help ensure improved access to services from providers and increased convenience for members. That's why we're modifying some of our UnitedHealthcare telehealth policies.

Effective Jan. 1, 2021, certain UnitedHealthcare Medicare Advantage and commercial plans will allow certain Centers for Medicare & Medicaid (CMS)-eligible telehealth services when billed with the member's home as an originating site.

- For important information on changes to UnitedHealthcare's commercial Telehealth and Telemedicine Reimbursement Policy, **UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: October**.

- Medicare Advantage plans will continue to follow current CMS guidelines in allowing the current CMS Telehealth List, including the expanded CMS code list for telehealth services and billing requirements.

- For UnitedHealthcare Community Plan policies, please refer to state regulatory guidelines and future *Network Bulletin* communications.

We're Here to Help

For additional telehealth resources, visit **UHCprovider.com/telehealth**.

(continued from previous page)

2021 Telehealth Service Requirements

To be eligible for payment, you must meet the following telehealth service requirements:

- Comply with the American Medical Association (AMA) and Federation of State Medical Board guidelines, which require that all telehealth visits use live interactive audio and video and visual transmission of a physician-patient encounter.
- Use a secure technology platform that meets federal and state requirements for security and confidentiality of electronic member information.
- Comply with all applicable federal and state laws concerning the security and confidentiality of member information, including HIPAA and its governing regulations.
- Maintain member records related to telehealth services in a secure medium that meets federal and state requirements for encryption and security of electronic member information.
- Offer telehealth services in a clean, private space and not in vehicles or public spaces.
- Code the telehealth services in accordance with applicable reimbursement policies.

We're Here to Help

For additional telehealth resources, visit **UHCprovider.com/telehealth**.

New Exchange Plans Resources

On **Jan. 1, 2021**, we are launching UnitedHealthcare Exchange Plans in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia and Washington.

Resources

- Available Oct. 1, 2020, the following resources will be available:
  - o **Medical Policies and Medical Benefit Drug Policies: Exchange Medical & Drug Policies**
  - o **Coverage Determination Guidelines** and **Utilization Review Guidelines: UHCprovider.com** > Policies and Protocols > Exchange Policies > UnitedHealthcare Value & Balance Exchange Medical & Drug Policies and Coverage Determination Guidelines

(continued from previous page)

We'll conduct **site of service medical necessity reviews** for any procedures/codes referenced in UnitedHealthcare's site of service utilization review guidelines. You can find more information about site of service medical necessity reviews in our frequently asked questions document, available on Nov. 1, 2020, on **UHCprovider.com**. Look for an update in the November *Network Bulletin*.

o **Prior authorization and notification requirements: Plan Requirements for Advance Notification/Prior Authorization** > Exchange Plans Advanced Notification/Prior Authorization Requirements

Prior authorizations must be submitted electronically and will not be accepted by phone or fax. Prior authorization or notification requests that also require a referral will not be accepted unless a completed referral was submitted online. If referral requirements are not met, the member may have no coverage for a physician or hospital claim for planned inpatient admissions. Additionally, admission notification/authorization is not a guarantee of coverage or payment (unless mandated by law). Non-emergent, out-of-network services are not a covered benefit and will be subject to additional pre-service review and notification requirements. Participating providers will be receiving more detailed information later this month.

• Look for updates on the following in future *Network Bulletins*:

o **UnitedHealthcare Value & Balance Exchange Medical Policy Update Bulletin: UHCprovider.com** > Policies and Protocols > Exchange Policies > UnitedHealthcare Value & Balance Exchange Medical & Drug Policies and Coverage Determination Guidelines

o **Reimbursement Policies: UHCprovider.com** > Policies and Protocols > Exchange Policies > Exchange Reimbursement Policies

o **Protocols** at **Protocols**

Out-of-Network Coverage: For these Exchange Plans, members have no non-emergent, out-of-network coverage and no coverage outside of the service area.

Questions?

Please contact Provider Services at **888-478-4760**.

Exchange Plans Prior Authorization Information

These prior authorization submission requirements apply to participating health care professionals for Exchange Plans members in Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia and Washington. You can find the procedure and service codes that will require prior authorization for these members at **Plan Requirements for Advance Notification/Prior Authorization** > Exchange Plans Advanced Notification/Prior Authorization Requirements.

Submitting Prior Authorizations

Participating providers must submit prior authorization requests for Exchange Plan members electronically (online through the Prior Authorization and Notification tool on Link or via EDI 278N). If you do not submit prior authorization requests electronically, we will not process your request.

Starting Oct. 15, 2020, additional information will be available by state at the following:
- Arizona: **UHCprovider.com/AZexchanges**
- Maryland: **UHCprovider.com/MDexchanges**
- North Carolina: **UHCprovider.com/NCexchanges**
- Oklahoma: **UHCprovider.com/OKexchanges**
- Tennessee: **UHCprovider.com/TNexchanges**
- Virginia: **UHCprovider.com/VAexchanges**
- Washington: **UHCprovider.com/WAexchanges**

New to the Prior Authorization and Notification Tool?

You can take a **self-paced overview and training course** and find more detailed information at **UHCprovider.com/paan**.

Not Registered for Link?

You'll need to create an Optum ID. You can **sign up and register today**.

Need Technical Help?

Please **email** or call our Help Desk at **866-842-3278**, option 1. Representatives are available Monday – Friday 7 a.m. – 9 p.m. Central Time.

(continued from previous page)

Required Referrals: Some Exchange Plan services will require referrals. We will send participating providers more information on referral requirements later this month. General referral requirements will include the following:

- Paper referrals or written prescriptions are not permitted unless allowed by state law
- Can be backdated up to five days prior to the date of entry
- Valid for up to six months or six visits, whichever is met first

Specialist Referral Requirements: Any eligible service provided by the specialist, in any setting, requires a referral. The member's assigned primary care provider (PCP), or a primary care provider within the same TIN, must submit electronic referrals through referralLink when additional care is needed by a network specialist. Once the referral end date has passed or the number of visits is exhausted, the member must contact their PCP to request a new referral before receiving additional care. Specialists should confirm a valid referral is on file before each office visit, as members seen without a valid referral on file may have no coverage.

When determining coverage, the member-specific benefit plan must be referenced as Exchange Plans vary by state.

Prior authorization is not required for emergency or urgent care.

Out-of-Network Coverage: Exchange Plans have no non-emergent out-of-network coverage and no coverage outside of the service area.

Check back regularly for more information about this and other Exchange Plan topics that will be posted monthly on **UHCprovider.com/networknews**.

Radiology Program Procedure Code Changes

Effective Jan. 1, 2021, we are updating the procedure code list for the Radiology Notification and Prior Authorization programs, based on code changes made by the American Medical Association (AMA). Claims with dates of service **on or after Jan. 1, 2021**, are subject to these changes. The **following CPT® codes** are being added to the Radiology Notification and Prior Authorization list.

For the most current listing of CPT codes for which notification and prior authorization is required, go to **UHCprovider.com/radiology** > Specific Radiology Programs. These requirements do not apply to advanced imaging procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay.

For complete details on this radiology protocol, refer to the current **UnitedHealthcare Administrative Guide**.

Radiology and Cardiology Urgent Request Update

Effective Nov. 1, 2020, for UnitedHealthcare Community Plan, Medicare Advantage and commercial plans, you may make urgent requests for radiology or cardiology notification and prior authorization numbers during regular business hours, either online or by phone:

- **Online:** Go to **UHCprovider.com/radiology** or **UHCprovider.com/cardiology**. Then, select the **Prior Authorization and Notification** tool.
- **Phone:** Call **866-889-8054**.

This online enhancement will allow you to indicate that your request is clinically urgent and explain the clinical urgency. We will continue to respond to urgent requests submitted during regular business hours within three hours of our receipt of all required information.

For urgent requests outside of regular business hours, please follow the retrospective review process by calling **866-889-8054**.

For complete details on these radiology and cardiology protocols, refer to the current **UnitedHealthcare Administrative Guide**, available online at **UHCprovider.com**.

Prior Authorization and Site of Service Update

For dates of service on or after **Jan. 1, 2021**, for UnitedHealthcare commercial benefit plans, including **Oxford, Neighborhood Health Partnership** and **UnitedHealthcare of the River Valley**, we're expanding our notification and prior authorization requirements and site of service medical necessity reviews to include two screening colonoscopy procedures/HCPCS codes **G0105 and G0121**. We will only require notification/prior authorization and conduct site of service medical necessity review if these procedures will be performed in an outpatient hospital setting.

As further outlined below, we're also implementing a new Utilization Review Guideline (URG) to support site of service medical necessity reviews for screening colonoscopy procedures/ HCPCS codes **G0105 and G0121** and the following screening colonoscopy procedures/CPT® codes (**45378, 45380, 45381, 45384 and 45385**) that are currently subject to notification/prior authorization requirements and site of service medical necessity reviews.

(continued from previous page)

Please note the following:

- These updates will take effect on **Feb. 1, 2021**, for Iowa and Illinois.
- At this time, the following states are excluded from these updates: **Alaska, Kentucky, Massachusetts, Rhode Island, Texas, Utah and Wisconsin**.
- These updates do not apply to UnitedHealthcare West or Sierra at this time.

Outpatient Screening Colonoscopy Procedures — Site of Service Utilization Review Guideline

We'll use the criteria in our *Screening Colonoscopy Procedures* — Site of Service Utilization Review Guideline to facilitate our site of service medical necessity reviews for the screening colonoscopy procedures/CPT® codes listed in the URG.

On Jan. 1, 2021, the URG will be available at **UHCprovider.com** > Policies and Protocols > **Commercial Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans**. Prior to Jan. 1, 2021, the URG can be accessed from the **UnitedHealthcare Commercial Medical Policy Update Bulletin: October 2020**.

For Oxford, on Jan. 1, 2021, the URG will be available at **UHCprovider.com/policies** > Commercial Policies > **UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies**. For Oxford, prior to Jan. 1, 2021, the URG can be accessed from the **Oxford Policy Update Bulletin: October 2020**.

Hospital Policy Requirement Changes

Effective Jan. 1, 2021, you are required to send observation stay notifications and acute discharge notifications within 24 hours.

New language is included in the 2021 UnitedHealthcare Administrative Guide.

1. **Required Discharge notification:** "We must receive the discharge notification from acute facilities within 24 hours after actual weekday discharge (or by 5 p.m. local time on the next business day if the 24-hour limit would require notification on a weekend or holiday). For weekend and holiday discharges, we must receive the notification by 5 p.m. local time on the next business day."

2. **Required Observation stay notification:** "Observation stay notifications are required to be submitted within 24 hours of patient no longer being held for observation (or by 5 p.m. local time on the next business day if the 24-hour limit would require notification on a weekend or holiday). For weekend and holiday admissions, we must receive the notification by 5 p.m. local time on the next business day."

We prefer these notifications through automated channels, like 278N or ADT, but will also support the notification intake through EMR, the Prior Authorization and Notification tool in Link or phone.

To start using these automated channels, you can;

1. Contact your current claims processing vendor or clearinghouse

2. Submit through the Optum Electronic Discharge Interchange (EDI) portal

There are currently no penalties associated with these new policy changes and claims will not be denied at this point. These requirements are being rolled out across all UnitedHealthcare plans.

Questions?
Please contact your **Provider Relations Representative**, and for EDI submission setup support, visit the **UnitedHealthcare Provider Technical Assistance** page.

*These changes may not be applicable to your state. For KY, OH and AR, this change does not go into effect until Feb. 1, 2021.

New (ED) Professional (E/M) Coding Policy Update

For Medicare Advantage and commercial plans, the implementation date for the Emergency Department (ED) Professional Evaluation and Management (E/M) Coding Policy has been delayed until 2nd Quarter, 2021. The policy was focused on professional ED claims submitted with level 5 (99285) E/M code.

Initial communication about the policy was made:

- **January 2020** *Network Bulletin* for commercial plans

- **February 2020** *Network Bulletin* for UnitedHealthcare Medicare Advantage plans

Questions?

Please contact your **Provider Relations Representative** or call Provider Services at **877-842-3210**.

Tecartus Prior Authorization Requirement

Effective Jan. 1, 2021, UnitedHealthcare Medicare Advantage, UnitedHealthcare Community Plan and commercial members will require prior authorization and notification for Tecartus or related services, including outpatient or inpatient evaluation and the CAR-T outpatient or inpatient episode. Coverage reviews for Tecartus will be managed by Optum Transplant Resource Services through the same process as other CAR-T therapies. Care providers must contract with Optum Transplant Resource Services to receive prior authorization and bill for CAR-T therapy.
Pre-determination reviews for Tecartus prior to this requirement are encouraged and can be requested by contacting Optum Transplant Resource Services at the number below.

As with all prior authorization and notification requirements, if you provide any CAR-T services without first completing the prior authorization and notification requirements process, the claim may be denied. Members can't be billed for services denied due to failure to complete the notification/prior authorization process.

Questions?

Contact Optum Transplant Resources Services at **888-936-7246**.

Coverage of these products is dependent on State Medicaid program decisions. Certain state Medicaid programs may choose to cover a drug through the state's fee-for-service program and not the managed care organizations such as UnitedHealthcare, or they may provide other coverage guidelines and protocols. We encourage you to verify benefits before submitting the prior authorization request or administering the medication.

All Savers® Alternate Funding Plans Update

Starting Dec. 1, 2020, for New Jersey and Connecticut, and rolling out over the next 24-36 months, employer groups previously sold under the name All Savers® Alternate Funding will now be sold under the new product name, **Oxford Level Funded**.

Please use the Oxford Level Funded quick reference guide (QRG) for more information about the differences you can expect to see.

Starting Dec. 1, 2020, rolling out over the next 24-36 months, employer groups previously sold under the name All Savers® Alternate Funding will now be sold under the new product name, **UnitedHealthcare Level Funded**, for the following states:

- North Dakota
- South Dakota
- Delaware
- Alabama

To support you and your staff along the way, please use the UnitedHealthcare Level Funded quick reference guide (QRG) for more information about the differences you can expect to see.

Questions?

For Oxford Level Funded, please contact your Provider Advocate or Provider Services at **800-666-1353**.

For UnitedHealthcare Level Funded, please contact your Provider Advocate or Provider Services at **877-797-8819**.

Cancer Therapy Pathways Program Opportunities

Additions are being made to the Cancer Therapy Pathways program. Our latest addition is **non-small cell lung 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, Medicare Advantage and commercial plans (excluding UnitedHealthcare Oxford commercial plans).

Questions?

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

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

The 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**.

Front & Center

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: October 2020

Oxford Policy Update Bulletin: October 2020

UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: October 2020

UnitedHealthcare West Medical Management Guideline Update Bulletin: October 2020

UnitedHealthcare Community Plan

Community Plan Medical Policy Update Bulletin: October 2020

UnitedHealthcare Medicare Advantage

Medicare Advantage Coverage Summary Update Bulletin: October 2020

Medicare Advantage Policy Guideline Update Bulletin: October 2020

UnitedHealthcare Exchange Plans

UnitedHealthcare Exchange Plans Medical Policy Update Bulletin: October 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: October

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

Member Cost Share Reimbursement Update

Effective Jan. 1, 2021, we are launching the **Accumulator Adjustment Medical Benefit** program for commercial plans. This program helps align employer specialty medical drug costs with members' out-of-pocket costs and deductibles. It requires you to submit member cost-share reimbursement information that's received from drug manufacturers when coupons or copay cards are submitted for specialty medical drug claims, through a two-step process. You can review the process and all the Accumulator Adjustment Medical Benefit program details on **UHCprovider.com**.

Questions?

Please contact a Provider Services representative at **877-842-3210** or your Provider Advocate.

Case and Disease Management Programs

We offer **case and disease management programs** to support care providers' treatment plans and help members manage their conditions. Using medical, pharmacy and behavioral health claims data, our predictive model systems help us identify members who are at high risk for certain health issues. With this information, we're able to direct them to our programs.

Learn more about how you can help identify members in need.

Online Behavioral Health Resources

The **UnitedHealthcare Resource Library** contains **Behavioral Health Resources** for treating depression, substance use/addiction and attention-deficit/hyperactivity disorder (ADHD). At this site, you will find basic information, including screening tools, behavioral health support and referral information, and a link to the Prevention Center.

The **Prevention Center** offers you access to a convenient, reliable and free source of pertinent patient health information. This site includes a Prevention Center for each condition where you can find:

- A library of related articles

- Support for prevention and recovery

- Information about comorbid conditions

- Links to nationally recognized practice guidelines

- A printable self-appraisal to use or refer to your patients, and a listing of support resources for you, your patients and their families.

Additionally, you now have access to a **Behavioral Health Toolkit for Medical Providers**. The toolkit contains screening tools, resources, referral information, guidelines and the PsychHub™ video resource library. PsychHub videos are quick video clips designed to assist medical practitioners who treat patients with behavioral health conditions.

Dual Complete: Members Matched With a Navigator

The UnitedHealthcare Dual Complete® plan will now pair our members with a Navigator, a go-to person for support, to assist them every step of the way on their health journey. Members will receive this service at no added cost.

Navigators* will be able to help members:

- Make a plan to help with questions about medical, food and housing needs
- Schedule appointments and transportation to their doctor, dentist or pharmacy
- Review plan benefits and over-the-counter product coverage details
- Help ensure they and the people who take care of them at home have what they need

It's easy for members to reach a Navigator

Members just call the number on the back of their member ID card. Navigators are available 8 a.m. – 5 p.m. local time, Tuesday through Friday.

Encourage your patients to utilize this new service to get the most out of their UnitedHealthcare Dual Complete plan.

To learn more about the UnitedHealthcare Dual Complete plan, visit **UHCProvider.com/plans** > Choose Your State > Medicare > UnitedHealthcare Dual Complete Plan or ask your Provider Advocate.

4th Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan's preferred drug list (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the **4th Quarter 2020 PDL updates** and changes.

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

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

*Navigator availability may vary by plan, location or member.

(continued from previous page)

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

- Florida
- Kansas
- Louisiana
- Michigan
- Mississippi
- 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.

Genetic and Molecular Prior Authorization Update

Beginning Oct. 1, 2020, for all commercial and UnitedHealthcare Community Plan plans included in the genetic and molecular testing program, we are suspending prior authorization and notification requirements for the following three genetic and molecular CPT codes performed in an outpatient setting:

- **87480**: Infectious agent detection by nucleic acid (DNA or RNA); candida species, direct probe technique
- **87660**: Infectious agent detection by nucleic acid (DNA OR RNA); Trichomonas vaganalis, direct probe technique
- **87661**: Infectious agent detection by nucleic acid (DNA OR RNA); Trichomonas vaganalis, amplified probe technique

These codes were part of the expansion of the online prior authorization and notification program for genetic and molecular testing that took effect on July 1, 2020. We're suspending the codes indefinitely to ease the administrative burden for care providers during the COVID-19 national public health emergency. Please note that we will be reviewing claims for these codes to help ensure they are being billed appropriately.

Visit **UHCprovider.com/genetics** to learn more and view up-to-date code lists. For more information, use the Genetic and Molecular Lab Test tool on Link. Or, call **800-377-8809**, Monday through Friday, 7 a.m. to 7 p.m.

Medical Policy Updates

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

Cancer Therapy Prior Authorization Update

Effective Jan. 1, 2021, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies for members with a cancer diagnosis will be required for Medicare Advantage plans including:

- Medica and Preferred Care Partners of Florida plans
- UnitedHealthcare West plans (noted by "WEST" on the back of the member ID card)

To submit an online request for prior authorization, **sign in to Link** to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology + Oncology" box. After selecting Medicare as the product type, you will be directed to another website to process the authorization requests.

You can find **detailed prior authorization code lists** for the following on **UHCprovider.com**:

- Outpatient Injectable Chemotherapy and Related Cancer Therapies
- Therapeutic Radiopharmaceuticals

If a member receives injectable chemotherapy drugs or related cancer therapies in an outpatient setting between Oct. 1, 2020, and Dec. 31, 2020, you don't need to request prior authorization until you administer a new chemotherapy drug or related cancer therapy. We will authorize the chemotherapy regimen the member was receiving prior to Jan. 1, 2021. The authorization will be effective until Dec. 31, 2021.

Questions?

Please email **unitedoncology@uhc.com**.

Facility Reimbursement Policy Enhancement

Effective Nov. 1, 2020, UnitedHealthcare Medicare Advantage plans will expand the current policy that denies perfusionists services (99190, 99191, 99192). The expansion will apply a denial to procedures 86891 and P9022 when reported in conjunction with the perfusionist services outlined above.

Member Rights and Responsibilities

Feel free to distribute the **Member Rights and Responsibilities information** to your patients about their UnitedHealthcare member rights and responsibilities. If your patients have questions about their rights as UnitedHealthcare members, or need help communicating, such as assistance from a language interpreter, please ask them to call Member Services at the number on the back of their health plan member ID card.

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.

New York Epidural Reimbursement Update

Effective Jan. 1, 2020, our New York Community Plans will disallow separate reimbursement for administration of an epidural or nerve block, either as a component of the anesthesia itself or a post-operative pain management protocol.

Read more important details.

Missouri Inhaled iNO Medical Policy

Our new medical policy for coverage of inhaled nitric oxide (iNO) will be effective for Community Plan members on Dec. 1, 2020, in Missouri.

You can review the new policy in the **UnitedHealthcare Community Medical Policy Update Bulletin: October 2020**.

On Dec. 1, 2020, you can view the policy **UHCprovider.com/policies** > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans.