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 and 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?

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Document Vault — A Paperless Solution

This fall we'll begin to transition provider remittance advices (PRAs) and claim letters, in limited markets, from mail to Document Vault. The Document Vault tool in Link, offers safe digital solutions that create efficiencies for your practice, such as remotely opening letters the day they are created.

The process to eliminate paper will be a thoughtful and well-coordinated, phased approach.
- **Today:** Documents are available in **Document Vault** in Link.
  - Important clinical and claims letters are available the same day they are generated.
  - The date the document is loaded in Document Vault is considered the date sent.
- **This fall:** You'll see the transition of PRAs, clinical and claim letters as well as hospital admission notifications to electronic solutions.
- **In 2021:** We'll begin to transition paper claims, claim attachments and medical records to digital channels.

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

What's next?

We'll keep you updated about the latest information and provide you with the training and resources to support a smooth transition.

Don't wait — get started today! You can **sign up** for Link and find more information on **UHCprovider.com**. Having access to Link tools is a critical element in moving your office to digital solutions.

More Streamlined Link Coming This Fall

In December, referralLink and TrackIt will be retiring from the legacy Link experience. Starting in October, you can continue managing patient referrals and accessing TrackIt in the **new Link experience**.

Since piloting the new experience in March, we've received positive feedback and helpful suggestions, which we've integrated. The new experience is faster and easier to navigate. New behind-the-scenes analytics will help make future improvements as well. The first time you try referralLink and TrackIt, on-screen tips will walk you through the features so the transition should be seamless.

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The new experience will provide you with:

- The ability to easily move between Link tools such as referralLink and TrackIt
- Greater efficiency and speed
- Tool tips tutorial during your first visit

We look forward to your feedback.

Billing Improvement for Multiple Home Health Visits

Now for UnitedHealthcare plans, the general reimbursement guidelines for billing multiple skilled nursing visits that are performed on the same day are as follows:

- Bill each visit on its own line with one unit
- Bill each visit with the respective revenue and HCPCS/CPT® codes
- Subsequent visits are to be billed with a qualifying modifier (for example, XE)

This change is to help prevent payment issues with multiple home care visits on the same date of service. The addition of an appropriate modifier will identify the additional visit so the claim can be processed correctly for payment at the expected rate.

Questions?

Please contact Provider Services or visit **Medicare Advantage Home Health Services — Frequently Asked Questions**.

Utah PRAs to Go Paperless

Effective Dec. 1, 2020, we will no longer print and mail paper provider remittance advices (PRAs) for Utah provider payments. This is for all UnitedHealthcare plans in **Utah**. PRAs are produced at the time of payment processing and available for you to access the next day in Document Vault on Link.

If you are already signed up for an ERA/835, there is no change to you.

Register for Link to access your PRA through Document Vault or **sign up** for an ERA/835.

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: September 2020

Oxford Policy Update Bulletin: September 2020

UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: September 2020

UnitedHealthcare West Medical Management Guideline Update Bulletin: September 2020

UnitedHealthcare Community Plan

Community Plan Medical Policy Update Bulletin: September 2020

UnitedHealthcare Medicare Advantage

Medicare Advantage Coverage Summary Update Bulletin: September 2020

Medicare Advantage Policy Guideline Update Bulletin: September 2020

Reimbursement Policy Updates

You can access **UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: September** 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.

Retiring Fax Numbers Update

In the **July** and **August** *Network Bulletin*, we communicated that fax numbers used to provide hospital admission notifications will be **retired beginning Oct. 1, 2020**. You can find more information and a list of retiring numbers at **UHCprovider.com/admit**. As always, we will comply with any contractual and regulatory requirements.

New electronic processes have been created for submission of **Community Plan of Rhode Island newborn notifications** and **Community Plan of Washington Exception to Rule** requests:

• Submit UnitedHealthcare Community Plan of Washington Exception to Rule requests using the electronic form in **Provider Forms and Tools**.

• Submit UnitedHealthcare Community Plan of Rhode Island newborn notifications using the electronic form in **Provider Forms and References**.

All other hospital admissions notifications must be submitted through the HIPAA Electronic Data Interchange (EDI) 278N transaction or the Prior Authorization and Notification tool on Link. If you're unable to use an electronic option, call Provider Services at **877-842-3210** to submit a notification by phone.

Questions?

Please visit **UHCprovider.com/admit** or contact Provider Services.

Accessing Member Rosters Now Online Only

Beginning Aug. 1, 2020, UnitedHealthcare Community Plan will no longer mail member rosters to care providers. The best way to view and export the full member roster is by using the CommunityCare tool on **Link**.

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CommunityCare

By accessing the member roster online using the CommunityCare tool on Link, you'll be able to:

- See a complete list of all members or filter by members added in the last 30 days
- Export the roster to Excel
- View most Medicaid and Medicare SNP members' plans of care and health assessments
- Enter plan notes and view notes history for some plans
- Obtain Healthcare Effectiveness Data and Information Set (HEDIS®) information for your member population
- Access information about members admitted to or discharged from an inpatient facility
- Access information about members seen in an emergency department

We're here to help

For help using CommunityCare, view the CommunityCare Provider Portal Quick Reference Guide at **UHCprovider.com/link** > CommunityCare > **Quick Reference: CommunityCare**. For more information on Link, go to **UHCprovider.com/link**.

Genetic and Molecular Prior Authorization Update

Effective Nov. 1, 2020, for UnitedHealthcare Community Plan members in **Kansas** and **Ohio**, we will require prior authorization and notification for genetic and molecular testing performed in an outpatient setting.

Questions?

- Visit **UHCprovider.com/genetics** to learn about the process.
- See **Frequently Asked Questions** and review up-to-date code lists.
- For more information, use the Genetic and Molecular Lab Test tool on Link.
- Call **800-377-8809**, Monday through Friday, 7 a.m. to 7 p.m.

New York Payment Policy Change

Effective Dec. 1, 2020, **CPT© codes** contained in the New York Non-Covered Code Payment Policy will be revised in accordance with the New York State Department of Health Reimbursement Guidelines.

- UnitedHealthcare Community Plan for Families (Medicaid)
- UnitedHealthcare Community Plan Wellness 4 Me (HARP)
- UnitedHealthcare Community Plan Essential Plan (EP) Products.

This update will affect CPT codes for **physical and occupational therapy** and for **evaluation management**. *All other CPT codes for physical ad occupational therapy services will be considered non-covered.*

The **non-covered code list** section clarifies and supplements the UnitedHealthcare Community Plan of New York National **Outpatient Physical and Occupational Therapy policy**. All other CPT codes for physical and occupational therapy services will be considered non-covered.

Check the member benefit plan document that may supersede the Additional Considerations and Coverage limitations and exclusions and prior authorization requirements.

UnitedHealthcare's reimbursement policies can be found online at **UHCprovider.com** > Community Plan Policies > Reimbursement Policies for Community Plan > **Non-Covered and Covered Codes Policy, Professional — Reimbursement Policy — Unitedhealthcare Community Plan**.

Questions?

Please call your Network Representative directly or call Provider Services for UnitedHealthcare Community Plan at **888-362-3368**.

New Inhaled Nitric Oxide Medical Policy

Our new medical policy for coverage of Inhaled Nitric Oxide (iNO) will be effective for Community Plan members on Oct. 1, 2020, in Florida.

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

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

Medical Policy Updates

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

Reimbursement Policy

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located at **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.

Medicare Advantage Service Area Reductions 2021

Some of your patients may be impacted by UnitedHealthcare Medicare Advantage plan service area reductions or plan terminations. Non-renewal notices dated Oct. 2, 2020, will be sent to impacted members. Service area reductions and plan terminations will be **effective Jan. 1, 2021**.

The majority of health care professionals and facilities contracted for UnitedHealthcare Medicare Advantage will not be affected by these changes.

Questions?

Visit **UHCprovider.com** > **Health Plans by State** > [Choose your state] > Medicare > [Select plan name] > Tools & Resources. Or, contact your local Network Account Manager or Provider Advocate.

Prior Authorization and Site of Service Review

We are delaying implementation for **UnitedHealthcare Medicare Advantage plans** until Jan. 1, 2021.