network bulletin

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

Enter　>

U UnitedHealthcare®

Table of Contents

Front & Center

Stay up to date with the latest news and information.

Link Self-Service Updates and Enhancements

We've made more enhancements to Link, your gateway to the online self-service tools for UnitedHealthcare. ❯

Goodbye Availity, Hello Link

As of March 28, 2018, UnitedHealthcare information is no longer included on the Availity multi-payer website. You can access the same information and more, at no cost, using our Link website. ❯

UnitedHealth Premium® Program Site Changes

UnitedHealth Premium program resources are now available at UHCprovider.com/Premium. If you have questions, or need help accessing reports, please call the Health Care Measurement Resource Center. ❯

2018 UnitedHealthcare Outpatient Grouper Exhibit Update – Effective July 1, 2018

The UnitedHealthcare Outpatient Procedure Grouper (OPG) Exhibit that defines the CPT® and Healthcare Common Procedure Coding System (HCPCS) code assignments to Grouper level will be updated on July 1, 2018. ❯

Tell Us What You Think of Our Communications

Please take a few minutes to complete an online survey and give us your thoughts about the Network Bulletin and UnitedHealthcare Communications. ❯

Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

We're making some updates to our coverage review requirements for certain specialty medications for many of our UnitedHealthcare commercial and Community Plan members. Changes include implementing notification/prior authorization requirements for specific medications, as well as expanding some existing requirements. ❯

Review at Launch Drug Program for UnitedHealthcare Commercial and Community Plan Members

As a reminder, please consider requesting pre-service coverage review for medications listed on UnitedHealthcare's Review at Launch commercial or Community Plan Medication List. We'll add certain new drugs to the Review at Launch list and policy as soon as they're approved by the FDA. ❯

Changes in Advance Notification and Prior Authorization Requirements

Beginning April 1, 2018, new codes will be added to prior authorization as a result of the American Medical Association 2018 annual CPT update for certain UnitedHealthcare commercial plans. ❯

Front & Center

Stay up to date with the latest news and information.

Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial. Go to UHCprovider.com/pharmacy. ❯

Introducing ACE Smart Edits – Enhanced Messages for Pre-Adjudication Claim Returns

UnitedHealthcare is using a new capability in the EDI workflow, known as Smart Edits, which auto-detects claims with potential errors and delivers feedback within 24 hours of submission, so you can proactively repair and submit accurate, complete claims. UnitedHealthcare's ACE Smart Edits are expected to increase the rate of clean and complete claims submissions while reducing claim denials and rework to correct claims. ❯

New HEDIS Measures for Statin Therapy for Patients with Cardiovascular Disease and/or Diabetes

There are two new Healthcare Effectiveness Data and Information Set (HEDIS) measures for 2018: Statin Therapy for Patients with Cardiovascular Disease (SPC) and Statin Therapy for Patients with Diabetes (SPD). ❯

Dental Clinical Policy & Coverage Guideline Updates ❯

Front & Center

Link Self-Service Updates and Enhancements

Link is your online self-service tool that is **five minutes faster than calling**, according to a 2016 UnitedHealthcare study on average call times. In addition to saving you time, there are other ways that Link can help better support your workflows. Here are some recent enhancements we've made to Link apps:

- **eligibilityLink Enhanced to Include Past and Future Coverage**
  You'll see coverage up to six years in the past and up to one year in the future. This includes past or future coverage for members whose plan has terminated or has yet to begin.

- **Prior Authorization and Notification App**
  As a direct result of feedback from care providers, we have recently made enhancements that allow you to:

  – Use a new print button for printer-friendly pages

  – Create and edit a list of 20 favorite procedure codes

  – View descriptions of each field and corresponding values

  – Easily access the Medical Records Requirements for Pre-Service Requests to view the information that needs to be attached for clinical review

  – Copy an already-entered service line to reduce data entry

  – Find different servicing provider types more easily

  – Search for cancelled cases by reference number

An Optum ID is required to access Link and perform online transactions, such as eligibility verification, claims status, claims reconsideration, referrals and prior authorization. To get an Optum ID, go to UHCprovider.com and click on **New User** to register for Link access.

For help with Link, call the UnitedHealthcare Connectivity Helpdesk at 866-842-3278, option 1, Monday through Friday, 8 a.m. to 10 p.m. Eastern Time.

Front & Center

Goodbye Availity, Hello Link

As of March 28, 2018, UnitedHealthcare member eligibility and claims information is no longer included on the Availity multi-payer website. But, you can access the same information and more online using our Link apps – claimsLink and eligibilityLink. You can also submit claims to us using the UnitedHealthcare Online app.

Availity EDI Clearinghouse

This change doesn't affect UnitedHealthcare Electronic Data Interchange (EDI) transactions; you may continue to use the Availity clearinghouse for transactions from your practice management system.

Get Started With Link Today

If you're not already using Link self-service tools, you'll need to register for an Optum ID and link it to your tax ID numbers (TINs). Go to **UHCprovider.com** and click on **New User** in the top right corner to get started. Please register as soon as possible because your access may need to be approved by an ID administrator in your practice or facility.

Learn More about Link

Link can be used for much more than eligibility and claims status. You can also use it to request claim reconsideration, submit notification/prior authorization requests, and get real-time prescription coverage details.

If you're new to Link, we have plenty of resources to help you get started:

To learn more about Link and its apps, go to **UHCprovider.com/Link**.

To sign up for an instructor-led webinar, go to **UHCprovider.com/training**.

Once you register, you'll be able to view videos about Link on the **UHC On Air** app.

We're Here to Help

If you have questions, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278, option 1**, from 8 a.m. to 10 p.m. Eastern Time, Monday through Friday.

UnitedHealth Premium® Program Site Changes

UnitedHealth Premium program resources are now available at **UHCprovider.com/Premium**. If you have questions, or need help accessing reports, please call the Health Care Measurement Resource Center at 866-270-5588.

Front & Center

2018 UnitedHealthcare Outpatient Grouper Exhibit Update – Effective July 1, 2018

The UnitedHealthcare Outpatient Procedure Grouper (OPG) Exhibit that defines the CPT® and Healthcare Common Procedure Coding System (HCPCS) code assignments to Grouper level will be updated on July 1, 2018. The OPG Exhibit is used to determine reimbursement for outpatient procedures.

When billing for outpatient procedures, please include the appropriate CPT and HCPCS codes with the revenue codes. These codes are required for reimbursement. Codes eligible for reimbursement under the OPG can be found in the 2018 UnitedHealthcare OPG Exhibit at UHCProvider.com > Claims & Payments > **View Outpatient Procedure Grouper (OPG) Exhibits**.

Many codes remain the same as the 2017 OPG mapping: 99.3 percent are assigned to the same grouper level; 0.2 percent have increased in level assignment; and 0.5 percent have decreased in level assignment.

If you have any questions, please contact your Network Management representative.

Tell Us What You Think of Our Communications

As a regular reader of The Network Bulletin, your opinion is important to us. We'd like to get your thoughts about The Network Bulletin and UnitedHealthcare communications related to network changes, quality initiatives and other issues. Please take a few minutes today to complete the survey online at **uhcresearch.az1.qualtrics.com/jfe/form/ SV_08sAsRnUY2Kb153**. Thank you for your time.

Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

We're making some updates to our coverage review requirements for certain specialty medications for many of our UnitedHealthcare commercial and Community Plan members. We're implementing these requirements because it's important to us to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes and overall cost of care.

Changes include implementing notification/prior authorization requirements for specific medications, as well as expanding some existing requirements. These requirements will apply whether members are new to therapy or have already been receiving these medications. However, existing prior authorization records will be honored until they expire as long as the member maintains eligibility.

If you administer any of these medications without first completing the notification/prior authorization process, the claim may be denied. Members can't be billed for services denied due to failure to complete the notification/prior authorization process.

Clinical Coverage Reviews

Clinical coverage reviews will be conducted as part of our prior authorization process and evaluate whether the drug is appropriate for the individual member, taking into account:

- Terms of the member's benefit plan

- Our drug coverage policy

- Applicable state Medicaid guidelines

- Medically necessary site of service (where appropriate)

- The member's treatment history

- Dosage recommendation from the U.S. Food and Drug Administration-approved labeling

Additional criteria also may be considered. We encourage you to submit any information you would like us to review as part of your prior authorization request. When a coverage determination is made, we'll inform you and the member of the coverage determination. If an adverse determination is made, we'll provide you with appeal information.

Submitting Notification/Prior Authorization Requests

To submit notification/prior authorization requests for these medications, please use one of the following methods:

- **Go to UHCprovider.com/priorauth**

- **Call the Provider Services number** on the back of the member's health care identification card.

- **Send your request by fax:** complete a prior authorization form and fax it to the number provided on the form.

For UnitedHealthcare commercial plans, you may access forms at UHCProvider.com/priorauth > Clinical Pharmacy and Specialty Drugs > **Forms and Additional Resources**.

Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

Some states require the notification/prior authorization to be submitted on a designated request form.

For UnitedHealthcare Community Plan, you may access forms at **UHCCommunityPlan.com** > For Health Care Professionals > Select your state > Provider Forms

When Making Referrals

If you're referring a member to other care providers for these medications, we encourage you to refer to in-network care providers. If a non-participating care provider prescribes treatment, members may pay higher out-of-pocket costs. Members who don't have out-of-network benefits may be responsible for the entire cost of services obtained from non-participating care providers.

For more information about the notification/prior authorization requirements for specialty medications and home infusion services, please refer to the Provider Administrative Guide or UnitedHealthcare Community Plan Provider Manual.

- For commercial plans, go to **UHCprovider.com/guides**

- For Community Plan Provider Manuals, go to **UHCCommunityPlan.com** > For Health Care Professionals > Select your state.

What's Changing for UnitedHealthcare Commercial Plans

The following requirements will apply to UnitedHealthcare commercial plans, including affiliate plans such as Mid-Atlantic, UnitedHealthcare of the River Valley, UnitedHealthcare Oxford and Neighborhood Health Partnership. For dates of service on or after July 1, 2018 we'll require notification/prior authorization for the following medication:

- Trogarzo (ibalizumab) - The FDA recently approved Trogarzo for treatment and prevention of multi-antiretroviral drug class resistant HIV infection.

UnitedHealthcare will not deny any claims for lack of prior authorization until July 1, 2018, but care providers are encouraged to request a pre-determination coverage review for these new-to-market services before July 1, 2018. If no predetermination is received, claims will be reviewed against our published drug policy and the services may be denied as not medically necessary.

Front & Center

< CONTINUED

Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

For dates of service on or after July 1, 2018, we'll require notification/prior authorization for the following medications approved by the U.S. Food and Drug Administration to evaluate services requested in the outpatient facility setting for medical necessity:

Drug Class	Drug List	Preferred Vendors
Enzyme Deficiency	• Adagen™ (pegademase bovine)	• Option Care
	• Aldurazyme™ (laronidase)	• BriovaRx
	• Elaprase™ (idursulfase)	• BriovaRx
	• Fabrazyme™ (agalsidase beta)	• BriovaRx
	• Kanuma™ (sebelipase alfa)	• Accredo
	• Lumizyme™ (alglucosidase alfa)	• BriovaRx
	• Mepsevii™ (vestronidase alfa)	• Accredo
	• Naglazyme™ (galsulfase)	• Accredo
	• Vimizim™ (elosulfase alfa)	• Accredo
Alpha 1-Proteinase	• Aralast NP™	• Accredo
	• Glassia ™	• Accredo
	• Prolastin C™	• Dohmen
	• Zemaira™	• Accredo
Gaucher's Disease	• Cerezyme™ (imiglucerase)	• BriovaRx
	• Elelyso™ (taliglucerase alfa)	• Accredo
	• Vpriv™ (velaglucerase alfa)	• BriovaRx
Immunomodulator	• Benlysta™ (belimumab)	• BriovaRx

Note: Cerezyme and Elelyso already have a prior authorization requirement in place for all places of services due to their non-preferred product status. We'll now be reviewing the requested site of service for members who are receiving their infusion in the outpatient hospital for medical necessity.

If you have any questions, please call the Provider Service number on the back of the member's ID card.

What's Changing for UnitedHealthcare Community Plan

Sublocade (buprenorphine extended-release injection) and Trogarzo (ibalizumab) have been added to the Review at Launch program for UnitedHealthcare Community Plan. Care providers are encouraged to request a pre-determination for services before July 1, 2018.

For dates of service on or after July 1, 2018, we'll require prior authorization for **Sublocade (buprenorphine extended-release injection)** and **Trogarzo (ibalizumab)** for UnitedHealthcare Community Plan members in many states. UnitedHealthcare will not deny any claims for lack of prior authorization until July 1, 2018, but care providers are encouraged to request a pre-determination coverage review for these new-to-market services before July 1, 2018.

Effective July 1, 2018, UnitedHealthcare Community Plan in Iowa will also require prior authorization for **Soliris (eculizumab)**.

Front & Center

< CONTINUED

Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

The following chart lists which specialty medication prior authorization requirements will become effective on July 1, 2018 for UnitedHealthcare Community Plan Medicaid members in each state.

The prior authorization requirement for these medications does not apply to UnitedHealthcare Dual Complete® plans.

Coverage of these products is also 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.

Prior Authorization Requirements	
State	**Specialty Medication**
Arizona Florida Hawaii Kansas Mississippi Nebraska New Jersey New York Ohio Pennsylvania Rhode Island Tennessee Texas Virginia Washington	Sublocade (buprenorphine extended release injection) Trogarzo (ibalizumab)
California	Trogarzo (ibalizumab)
Louisiana	Sublocade (buprenorphine extended release injection)

Front & Center

Review at Launch Drug Program for UnitedHealthcare Commercial and Community Plan Members

As a reminder, please consider requesting pre-service coverage review for medications listed on UnitedHealthcare's Review at Launch **commercial** or Community Plan Medication List. We'll add certain new drugs to the Review at Launch list and policy as soon as they're approved by the U.S. Food and Drug Administration. Drugs will remain on the list until we communicate otherwise.

For medications on the list, we encourage you to request pre-service coverage reviews so you can check whether a medication is covered before providing services. Some benefit plans may not cover certain medications under the medical benefit or may not cover them right away. Clinical coverage reviews also can help avoid starting a patient on therapy that may later be denied due to lack of medical necessity. Your claims may be denied if a pre-service coverage review is not completed.

If you have any questions, call the Provider Services number on the member's ID card.

Changes in Advance Notification and Prior Authorization Requirements

Code Additions to Prior Authorization

In the January 2018 Network Bulletin, we announced that new codes would be added to prior authorization on April 1, 2018 as a result of the American Medical Association (AMA) 2018 annual update to the CPT for the following plans: **UnitedHealthcare commercial plans** (UnitedHealthcare Mid-Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne, UnitedHealthcare commercial, UnitedHealthcare of the River Valley and UnitedHealthcare West) and UnitedHealthcare Community Plan. The codes will still be added to prior authorization for UnitedHealthcare commercial plans beginning April 1, 2018. However, the start date for this prior authorization requirement has been delayed until July 1, 2018 for **UnitedHealthcare Community Plan**.

Category	Codes
Functional Endoscopic Sinus Surgery (FESS)	31253 31257 31257
Sinuplasty	31298

In the October 2017 Network Bulletin, we announced that the following procedure codes would require prior authorization beginning Jan. 1, 2018 for the **UnitedHealthcare Community Plan of Missouri (Medicaid Plan)**. The prior authorization requirement for the gender dysphoria codes below were not implemented on Jan. 1, 2018 and are not a prior authorization requirement at this time for the **UnitedHealthcare Community Plan of Missouri (Medicaid Plan)**.

Category	Codes							With Diagnosis
	55970 55980							N/A
Gender Dysphoria Treatment	11950	11951	11952	11954	11980	14000	14001	
	14021	14040	14041	14060	14061	14301	15757	
	15758	15775	15776	15777	15780	15781	15782	
	15783	15787	15788	15789	15792	15793	15819	
	15824	15825	15826	15828	15829	15832	15833	F64.0, F64.1, F64.2,
	15834	15835	15836	15837	15838	15839	15876	F64.8, F64.9, Z87.890
	15878	15879	17380	20926	21083	21087	21120	
	21122	21173	21270	21899	31599	31750	31899	
	45399	45999	58999	64856	64892	64896	69300	
	90785	96372						

Changes in Advance Notification and Prior Authorization Requirements

Effective for dates of service on or after **Jan. 1, 2018**, new codes have been added to prior authorization as a result of the American Medical Association (AMA) 2018 annual updates to the CPT for the **UnitedHealthcare Community Plan of Florida, UnitedHealthcare Community Plan of Texas STAR PLUS and STAR KIDS (Medicaid Plans), and UnitedHealthcare Connected- TX (Medicare-Medicaid Plan)**:

Category	Deleted Code	Replacement Code Added to Prior Authorization
Outpatient Therapy	97532	G0515

As of **Oct. 1, 2017**, the following procedure codes require prior authorization for **UnitedHealthcare Community Plan of Arizona LTC (Medicaid Plan)**. Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at **855-282-8929**.

Category	Codes
Ventricular Assist Device	33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509

Effective for dates of service on or after **July 1, 2018**, the following procedure codes will require prior authorization for **UnitedHealthcare Medicare Plans** (UnitedHealthcare Medicare Advantage, UnitedHealthcare West, UnitedHealthcare Community Dual Special Needs Plans, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Community Plans-Medicare and Medica and Preferred Care of Florida health plan).

Category	Codes
Potentially Unproven	61850 61863 61864 61867 61868 61886

For dates of service on or after **July 1, 2018**, the following procedure code will require prior authorization for **UnitedHealthcare Connected-TX (Medicare-Medicaid Plan)** and **UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan)**:

Category	Codes
Potentially Unproven	61850

Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **July 1, 2018**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR PLUS and STAR KIDS (Medicaid Plans)**:

Category	Codes
Gender Dysphoria Treatment	56805 57335 55970 55980

The most up-to-date Advance Notification lists are available online:

- UnitedHealthcare Medicare and UnitedHealthcare Commercial Plans – **UHCProvider.com/priorauth** > Advance Notification and Plan Requirement Resources > Plan Requirement Resources

- UnitedHealthcare Community Plan – **UHCCommunityPlan.com** > For Health Care Professionals > Select your state.

Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial. Go to **UHCprovider.com/pharmacy**.

Front & Center

Introducing ACE Smart Edits – Enhanced Messages for Pre-Adjudication Claim Returns

UnitedHealthcare is using a new capability in the EDI workflow, known as Smart Edits, which auto-detects claims with potential errors and delivers feedback within 24 hours of submission, so you can proactively repair and submit accurate, complete claims. UnitedHealthcare's ACE Smart Edits are expected to increase the rate of clean and complete claims submissions while reducing claim denials and rework to correct claims.

Among the features:

- Smart Edits claims repair notifications will be delivered via the industry standard EDI 277CA message format (more commonly referred to as the Clearinghouse Rejection Report), so there is no need to install new software.

- Smart Edits will encourage providers to proactively correct submissions with a high probability of being denied.

- Smart Edits will be rolled out in phases across all lines of business and the active edit list is available at **UHCprovider.com/content/dam/provider/docs/public/resources/edi/ACE-Edits.pdf**.

UnitedHealthcare's ACE Smart Edits Solution will proactively identify claims with potential errors in the pre-adjudication workflow, so care providers don't have to wait for days to receive claims denials. It's intended to increase the rate of clean and complete claims submissions to improve the claims cycle time while reducing the claims denial and post-adjudication rework volume.

Smart Edits are generated by the Advanced Communication Engine (ACE), which applies automated logic to identify claims with errors or gaps prior to adjudication by UnitedHealthcare. The Smart Edit messages are delivered via a 277CA report. Vendors and clearinghouses usually transfer information from this report into a proprietary format so it appears on the same claim policy reports you receive for HIPAA edit rejections.

Smart Edit messages explain why the claim was returned and provide direction on how to correct the claim for re-submission.

Smart Edits will add an enhancement by mid-year 2018, allowing a short grace period for providers to act on the recommended changes before the original claim continues for processing. Providers are encouraged to re-submit the claim with modifications suggested per Smart Edit notifications to minimize the potential denials or rework. However, if the returned claims are not acted on during the grace period, claims will be released for processing.

Smart Edits are live for a limited number of commercial, professional claims submitted electronically to Payer ID 87726 (see our **payer list** for a list of health plans by payer ID). The list of active and retired Smart Edits can be found at **UHCprovider.com/content/dam/provider/docs/public/resources/edi/ACE-Edits.pdf**.

For more information on Smart Edits, visit **UHCprovider.com** and search "Smart Edits." If you are experiencing issues with Smart Edits, please contact EDI Support online at **EDI Transaction Support Form**, by email at **SupportEDI@uhc.com** or call **800-842-1109**. For information related to EDI Claims and ACE Smart Edits, visit **UHCprovider.com/en/resource-library/edi/edi-837-claims1.html**.

New HEDIS Measures for Statin Therapy for Patients with Cardiovascular Disease and/or Diabetes

There are two new Healthcare Effectiveness Data and Information Set (HEDIS) measures for 2018:

- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Statin Therapy for Patients with Diabetes (SPD)

These measures apply to UnitedHealthcare commercial plans, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage Plan.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Description: The percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

2. *Statin Adherence 80 percent.* Members who remained on a high-intensity or moderate-intensity statin medication for at least 80 percent of the treatment period.

Exclusions:

- Cirrhosis
- Dispensed at least one prescription for clomiphene
- End-stage renal disease
- In vitro fertilization
- Myalgia, Myositis, Myopathy, Rhabdomyolysis
- Pregnancy

Statin Therapy for Patients with Diabetes (SPD)

Description: The percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.

2. *Statin Adherence 80 percent.* Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Exclusions:

- Cirrhosis
- Coronary artery bypass grafting (CABG)
- Dispensed at least on prescription for clomiphene
- End-stage renal disease
- In vitro fertilization
- Myalgia, Myositis, Myopathy, Rhabdomyolysis
- Myocardial infarction (MI)
- One or more acute inpatient or outpatient visits with a diagnosis of ischemic vascular disease (IVD)
- Other revascularization procedure
- Percutaneous coronary intervention (PCI)
- Pregnancy

For more information, contact your UnitedHealthcare representative or go to UHCprovider.com > Menu > Reports and Quality Programs > **Path**.

Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 UnitedHealthcare Dental Policy Update Bulletin** at **UHCprovider.com > Menu > Policies and Protocols > Dental Clinical Policies and Coverage Guidelines > Dental Policy Update Bulletins**.

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Application of Medicaments and Desensitizing Resins	Clinical Policy	March 1, 2018
General Anesthesia and Conscious Sedation Services	Coverage Guideline	April 1, 2018
Occlusal Guards	Coverage Guideline	March 1, 2018
Prefabricated Crowns	Clinical Policy	March 1, 2018
Surgical Endodontics	Clinical Policy	April 1, 2018
Surgical Periodontics: Mucogingival Procedures	Clinical Policy	April 1, 2018
Surgical Periodontics: Regenerative Procedures	Clinical Policy	April 1, 2018
Surgical Periodontics: Resective Procedures	Clinical Policy	March 1, 2018

Note: The inclusion of a dental service (e.g., procedure or technology) on this list does not imply that UnitedHealthcare provides coverage for the dental service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

Effective July 1, 2018, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members. ❯

UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates ❯

UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

Effective July 1, 2018, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members.*

New CPT codes included in the prior authorization:

- 0026U   ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS

- 0027U   JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15

- 0028U   CYP2D6 GENE COPY NUMBER CMN VRNTS TRGT SEQ ALYS

- 0029U   RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS

- 0030U   RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS

- 0031U   CYP1A2 GENE ANALYSIS COMMON VARIANTS

- 0032U   COMT GENE ANALYSIS C.472G>A VARIANT

- 0033U   HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS

- 0034U   TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS

- 0011M   Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk

- 0018U   Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy

- 0023U   Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin

- 0022U   Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider

- 81105   Human Platelet Antigen 1 genotyping, various numbers of variants

UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

- 81106   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81107   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81108   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81109   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81110   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81111   Human Platelet Antigen 1 genotyping, various numbers of variants

- 81120   IDH1 (isocitrate dehydrogenase 1 [NADP+], common variants (eg, R132H, R132C)

- 81121   IDH2 (isocitrate dehydrogenase 2 [NADP+], common variants (eg, R140W, R172M)

- 0019U   Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents

Beginning April 1, 2018, the following codes will NOT require prior authorization/notification as we communicated in previous Network Bulletins:

- G9840   Kras gene mutation testing performed before initiation of anti-egfr moab

- G9843   Kras gene mutation

* Laboratory services ordered by Florida network providers for fully insured UnitedHealthcare commercial members in Florida will not have to participate in this requirement due to their participation in the UnitedHealthcare Laboratory Benefit Management Program.

UnitedHealthcare Commercial

UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 Medical Policy Update Bulletin** at **UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins**.

Policy Title	Policy Type	Effective Date
NEW		
Denosumab (Prolia® & Xgeva®)	Drug	March 1, 2018
UPDATED/REVISED		
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	April 1, 2018
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	March 1, 2018
Attended Polysomnography for Evaluation of Sleep Disorders	Medical	April 1, 2018
Balloon Sinus Ostial Dilation	Medical	April 1, 2018
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	CDG	April 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical	March 1, 2018
Breast Reduction Surgery	CDG	April 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Drug	March 1, 2018
Chemotherapy Observation or Inpatient Hospitalization	URG	April 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	Medical	March 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	April 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Medical	April 1, 2018

UnitedHealthcare Commercial

< CONTINUED

UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

Policy Title	Policy Type	Effective Date
Elbow Replacement Surgery (Arthroplasty)	Medical	April 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	April 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Medical	April 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	April 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Medical	April 1, 2018
Hospital Readmissions	QOC	April 1, 2018
Hysterectomy for Benign Conditions	Medical	April 1, 2018
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	URG	April 1, 2018
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Medical	April 1, 2018
Implanted Electrical Stimulator for Spinal Cord	Medical	April 1, 2018
Inpatient Pediatric Feeding Programs	URG	April 1, 2018
Manipulation Under Anesthesia	Medical	April 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	April 1, 2018
Obstructive Sleep Apnea Treatment	Medical	April 1, 2018
Office Based Program	URG	April 1, 2018
Omnibus Codes	Medical	April 1, 2018
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	March 1, 2018
Orthognathic (Jaw) Surgery	CDG	April 1, 2018
Panniculectomy and Body Contouring Procedures	CDG	April 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	Medical	March 1, 2018
Pneumatic Compression Devices	Medical	April 1, 2018

UnitedHealthcare Commercial

< CONTINUED

UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

Policy Title	Policy Type	Effective Date
Preventive Care Services	CDG	April 1, 2018
Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol	URG	April 1, 2018
Proton Beam Radiation Therapy	Medical	March 1, 2018
Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)	Drug	March 1, 2018
Rhinoplasty and Other Nasal Surgeries	CDG	April 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Medical	April 1, 2018
Specialty Medication Administration – Site of Care Review Guidelines	URG	April 1, 2018
Speech Language Pathology Services	CDG	April 1, 2018
Surgical Treatment for Spine Pain	Medical	April 1, 2018
Temporomandibular Joint Disorders	Medical	April 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Medical	April 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Commercial Reimbursement Policies

Learn about policy changes and updates.

Unless otherwise noted, the following 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.

Revision to Intensity Modulated Radiation Therapy (IMRT) Policy

UnitedHealthcare made revisions to the IMRT policy to stop denials of 77014 on Oct. 8, 2017, except when rendered on the same date of service as the IMRT plan code 77301. A national claim adjustment project was conducted to overturn applicable denials for claims processed from June 1, 2017 to Oct. 8, 2017. ❯

UnitedHealthcare Commercial Reimbursement Policies

Revision to Intensity Modulated Radiation Therapy (IMRT) Policy

On June 1, 2017, the UnitedHealthcare commercial Intensity Modulated Radiation Therapy (IMRT) policy was revised to no longer allow separate reimbursement for seven radiation therapy services (codes 77014, 77295, 77306, 77307, 77321, 77331 and 77370) when billed 30 days before or after IMRT plan code 77301. The seven additional codes are considered included in the reimbursement for code 77301.

However, it was later determined that image guidance code 77014 may be separately reimbursed even after IMRT planning, unless it's performed on the same date of service. Image guidance is considered included in the development of the IMRT plan (77301).

UnitedHealthcare made revisions to the IMRT policy to stop denials of 77014 on Oct. 8, 2017, except when rendered on the same date of service as the IMRT plan code 77301. A national claim adjustment project was conducted to overturn applicable denials for claims processed from June 1, 2017 to Oct. 8, 2017.

UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

UnitedHealthcare Community Plan 2nd Quarter 2018 Preferred Drug List

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary. ❯

UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates ❯

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan 2nd Quarter 2018 Preferred Drug List

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary.

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: **UHCCommunityPlan.com** > For Health Care Professionals > Select you state > Pharmacy Program.

We provided a list of available alternatives to UnitedHealthcare Community Plan members whose current treatment includes a medication removed from the PDL. Please provide affected members a prescription for a preferred alternative in one of the following ways:

- Call or fax the pharmacy.

- Use e-Script.

- Write a new prescription and give it directly to the member.

If a preferred alternative is not appropriate, please call 800-310-6826 for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

Changes will be effective April 1, 2018 for: Arizona, California, Florida for Florida Health Kids, Hawaii, Maryland, Nevada, New Mexico, New York, Ohio and Rhode Island.

These changes don't apply to UnitedHealthcare Community Plans in Florida (Medicaid), Iowa, Kansas, Louisiana, Michigan, Mississippi, Nebraska, New Jersey, Pennsylvania, Texas, Virginia and Washington.

PDL Additions

Brand Name	Generic Name	Comments
Benznidazole	Benznidazole tablet	Indicated for the treatment Chagas disease. Prior authorization required.
Qvar RediHaler	Beclomethasone inhalation	In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. Indicated for the maintenance treatment of asthma.
Stiolto Respimat	Tiotropium/olodaterol inhalation	Indicated for the maintenance treatment of chronic obstructive pulmonary disease (COPD).

UnitedHealthcare Community Plan

< CONTINUED

UnitedHealthcare Community Plan 2nd Quarter 2018 Preferred Drug List

Brand Name	Generic Name	Comments
Zomacton	Somatropin injection	In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. Indicated for the treatment of growth failure due to growth hormone deficiency. Prior authorization required. Available through specialty pharmacy.
Metadate CD*	Methylphenidate CD capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required.
Kevzara	Sarilumab injection	Indicated for the treatment of rheumatoid arthritis. Prior authorization required. Available through specialty pharmacy.
Vagifem*	Yuvafem or estradiol vaginal tablet	Indicated for the treatment vaginal atrophy.
Ingrezza	Valbenazine capsule	Indicated for the treatment of tardive dyskinesia. Prior authorization required.
Haegarda	C1 esterase inhibitor [human] injection	Indicated for routine prophylaxis against hereditary angioedema (HAE) attacks. Prior authorization required. Available through specialty pharmacy.
Bevyxxa	Betrixaban capsule	Indicated for prophylaxis of venous thromboembolism in acutely ill hospitalized patients.

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
Abilify*	Aripiprazole tablet	Remove prior authorization. Diagnosis and step through preferred alternatives required.

*Only generics are covered.

PDL Deletions

Brand Name	Generic Name	Comments
Asmanex HFA	Mometasone inhalation	In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. Alternative agents are available including Arnuity Ellipta and Qvar RediHaler. Current users younger than age 18 will be grandfathered. Current users age 18 and older will not be grandfathered.
Asmanex Twisthaler	Mometasone inhalation	In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. Alternative agents are available including Arnuity Ellipta and Qvar RediHaler. Current users younger than age 18 will be grandfathered. Current users age 18 and older will not be grandfathered.

UnitedHealthcare Community Plan 2nd Quarter 2018 Preferred Drug List

Brand Name	Generic Name	Comments
Anoro Ellipta	Umeclidinium/vilanterol inhalation	Stiolto Respimat is an alternative agent available. Current users will not be grandfathered.
Nutropin AQ NuSpin	Somatropin injection	In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. In some states, this change only impacts managed Medicaid members and there is no change for CHIP members. Zomacton is an alternative agent available. Current users will not be grandfathered.
Austedo	Deutetrabenazine tablet	Alternative agents are available including Ingrezza and tetrabenazine. Current users will not be grandfathered.
Migranal	Dihydroergotamine nasal spray	Alternative agents are available including rizatriptan and sumatriptan. Current users will be grandfathered.
Concerta	Methylphenidate ER (Concerta AB-rated generic) tablet	Alternative agents are available including methylphenidate ER (Concerta BX-rated generic) tablet and methylphenidate CD capsule. Current users younger than age 18 will be grandfathered. Current users age 18 and older will not be grandfathered.

*Only generics are covered.

PDL Update: Training on UHC On Air

On UHC On Air, we have an on-demand video highlighting this quarter's more impactful PDL changes:

- UnitedHealthcare Link users can access UHC On Air by selecting the UHC On Air app on their Link dashboard. From there, go to your state and click on UHC Community Plan. You will find the Preferred Drug List Q2 2018 Update listed in the videos.

- To access Link, sign in to **UHCprovider.com** using your Optum ID. If you don't have an Optum ID, visit UHCprovider.com and select New User in the top right corner.

To access the presentation directly, go to **bit.ly/UHCCPQ2PDL**.

If you have any questions, please call UnitedHealthcare Community Plan's Pharmacy Department at **800-310-6826**.

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 Medical Policy Update Bulletin** at **UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins**.

Policy Title	Policy Type	Effective Date
NEW		
Brineura™ (Cerliponase Alfa) (for Pennsylvania Only)	Drug	April 1, 2018
Denosumab (Prolia® & Xgeva®)	Drug	June 1, 2018
Luxturna™ (Voretigene Neparvovec-Rzyl)	Drug	May 1, 2018
UPDATED/REVISED		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	March 1, 2018
Balloon Sinus Ostial Dilation	Medical	May 1, 2018
Bariatric Surgery	Medical	May 1, 2018
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	CDG	May 1, 2018
Breast Reduction Surgery	CDG	May 1, 2018
Cardiovascular Disease Risk Tests	Medical	March 1, 2018
Cosmetic and Reconstructive Procedures	CDG	May 1, 2018
Deep Brain and Cortical Stimulation	Medical	May 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	May 1, 2018
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	May 1, 2018
Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood	Medical	March 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	May 1, 2018
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Medical	May 1, 2018
Mechanical Stretching Devices	Medical	May 1, 2018

UnitedHealthcare Community Plan

< CONTINUED

UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates

Policy Title	Policy Type	Effective Date
Occipital Neuralgia and Headache Treatment	Medical	May 1, 2018
Omnibus Codes	Medical	May 1, 2018
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	March 1, 2018
Probuphine® (Buprenorphine) (for Pennsylvania Only)	Drug	April 1, 2018
Proton Beam Radiation Therapy	Medical	May 1, 2018
Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)	Drug	May 1, 2018
Speech Language Pathology Services	CDG	May 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	May 1, 2018
Surgical Treatment for Spine Pain	Medical	May 1, 2018
Transcatheter Heart Valve Procedures	Medical	May 1, 2018
Whole Exome and Whole Genome Sequencing	Medical	May 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

UnitedHealthcare Medicare Advantage Policy Guideline Updates ›

UnitedHealthcare Medicare Advantage Coverage Summary Updates ›

Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Wisconsin

Starting April 1, 2018, we will require care providers to submit a notification for injectable chemotherapy for members located in Wisconsin — including intravenous, intravesical and intrathecal — when it is administrated in an outpatient setting for UnitedHealthcare Medicare Advantage members with a cancer diagnosis. ›

UnitedHealthcare Medicare Advantage

UnitedHealthcare Medicare Advantage Policy Guideline Updates

The following UnitedHealthcare Medicare Advantage Policy Guidelines have been updated to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The updated policies are available for your reference at **UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Policy Guidelines**.

Policy Title
UPDATED/REVISED (Approved on Feb. 14, 2018)
Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)
Biofeedback Therapy (NCD 30.1)
Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)
Bladder Stimulators (Pacemakers) (NCD 230.16)
Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)
Clinical Diagnostic Laboratory Services
Closed-Loop Blood Glucose Control Device (CBGCD) (NCD 40.3)
Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (NCD 250.5)
Diabetes Outpatient Self-Management Training (NCD 40.1)
Electrical Continence Aid (NCD 230.15)
Extracorporeal Shock Wave Treatment (ESWT)
Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders (NCD 150.8)
Home Blood Glucose Monitors (NCD 40.2)
Inpatient Hospital Pain Rehabilitation Programs (NCD 10.3)
Insulin Syringe (NCD 40.4)
Laser Procedures (NCD 140.5)
Lymphocyte Mitogen Response Assays (NCD 190.8)
Mobility Assistive Equipment (NCD 280.3)
Mobility Devices (Ambulatory)
Negative Pressure Wound Therapy Pumps

UnitedHealthcare Medicare Advantage

< CONTINUED

UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
Noncontact Normothermic Wound Therapy (NNWT) (NCD 270.2)
Outpatient Hospital Pain Rehabilitation Programs (NCD 10.4)
Percutaneous Minimally Invasive Fusion
Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)
Plastic Surgery to Correct "Moon Face" (NCD 140.4)
Porcine Skin and Gradient Pressure Dressings (NCD 270.5)
Posterior Tibial Nerve Stimulation
Sterilization (NCD 230.3)
Testosterone Replacement Therapy
Transcatheter Mitral Valve Repair (TMVR) (NCD 20.33)
Transillumination Light Scanning, or Diaphanography (NCD 30.9)
Xofigo® Radioactive Therapeutic Agent
RETIRED (Approved on Feb. 14, 2018)
Skin Substitute Application

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Medicare Advantage

UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 Medicare Advantage Coverage Summary Update Bulletin** at **UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins**.

Policy Title
UPDATED/REVISED (Approved on Feb. 20, 2018)
Cardiovascular Diagnostic Procedures
Genetic Testing
Impotence Treatment
Neurophysiological Studies
Neuropsychological Testing
Non-Covered Services (Including Services/Complications Related to Non-Covered Services)
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)
Oxygen for Home Use
Pain Management and Pain Rehabilitation
Physician Services
Respite Care
Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits
Skin Treatment, Services and Procedures
Solutions for Caregivers
Speech Generating Devices
Telemedicine/Telehealth Services

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Medicare Advantage

Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Wisconsin

Starting April 1, 2018, we will require care providers to submit a notification for injectable chemotherapy for members located in Wisconsin – including intravenous, intravesical and intrathecal – when it is administrated in an outpatient setting for UnitedHealthcare Medicare Advantage members with a cancer diagnosis.

Notification will apply to members in the following Medicare Advantage plan types:

- AARP® MedicareComplete®

- Care Improvement Plus®

- UnitedHealthcare Dual Complete®

- UnitedHealthcare® Group Medicare Advantage retiree plans

- This is part of our effort to continually improve health care experiences and outcomes for our members. We have contracted with eviCore to provide a web-based application to review chemotherapy regimens

Notification will be required for:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641)

- Chemotherapy injectable drugs that have a Q code

- Chemotherapy injectable drugs that haven't received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

- All outpatient injectable chemotherapy drugs started after the notification effective date

- Adding a new injectable chemotherapy drug to a regimen

Notification will not be required for:

- Radio-therapeutic agents (e.g., Zevalin™ and Xofigo®)

- Oral chemotherapy drugs, which are covered under a member's pharmacy benefit plan

- Growth factors including: J2505 (neulasta™), J1442, (neupogen), J2820 Leukine® (sargramostim), Q5101, (Filgrastim–biosimilar Zarxio), J1447 Granix® (tbofilgrastim)

- Use of chemotherapy drugs for non-cancer diagnosis

How to Submit Notification

To submit an online notification request for injectable chemotherapy, go to **UHCprovider.com**.

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com. Use your Optum ID and select the Prior Authorization and Notification app.

- If you don't have an Optum ID, click the New User button in the top right corner of UHCprovider.com.
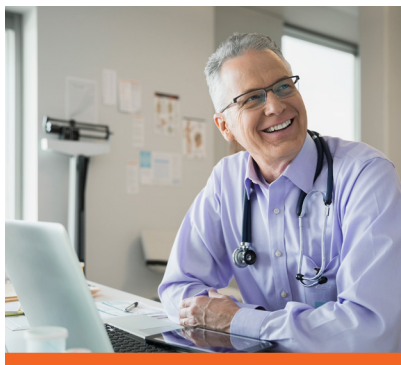
Please complete all notifications online. If you have questions or need assistance with your online request, call **866-889-8054**, 7 a.m. to 7 p.m., Central Time, Monday through Friday.

UnitedHealthcare Affiliates

Learn about updates with our company partners.

Specialty Pharmacy Requirements for Certain Specialty Medications (Oxford Health Plans Commercial Members) – Effective Oct. 1, 2018

Effective Oct. 1, 2018, for Oxford Health Plan Members, participating hospitals in New York, New Jersey and Connecticut will be required to purchase certain multiple sclerosis and anti-inflammatory specialty medications from the specialty pharmacy, BriovaRx. ❯

Oxford® Medical and Administrative Policy Updates ❯

SignatureValue/ UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates ❯

SignatureValue/ UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates ❯

UnitedHealthcare Affiliates

Specialty Pharmacy Requirements for Certain Specialty Medications (Oxford Health Plans Commercial Members) — Effective Oct. 1, 2018

Effective Oct. 1, 2018, for Oxford Health Plan Members, participating hospitals in New York, New Jersey and Connecticut will be required to purchase certain multiple sclerosis and anti-inflammatory specialty medications from the specialty pharmacy, BriovaRx. BriovaRx will bill Oxford Health Plans directly for these medications. Hospitals will only need to bill Oxford Health Plans the appropriate code for administration of the medication and should not bill us for the medication itself.

The multiple sclerosis and anti-inflammatory specialty medications impacted by this change are:

JCODE	Brand Name
J2323	Tysabri®
J0202	Lemtrada®
J2350	OCREVUS™
J1745	Remicade®
J3380	Entyvio®
J3357	Stelara®
J0129	Orencia®
J3262	Actemra®
J1602	Simponi Aria®
J0717	Cimzia®

This list of specialty medications is subject to change with 90 days written notice.

This protocol applies to the listed drugs when dispensed in the outpatient hospital setting of participating hospitals for Oxford Health Plan members.

We expect all hospitals will be able to procure the specialty medications to be administered in an outpatient hospital setting from BriovaRx. Oxford may issue a denial of payment for failure to follow the protocol. Hospitals may not bill members for these medications.

A payment policy will prohibit payment to hospitals for these medications unless the hospital has contracted their Separately Reimbursable Drugs at 165% of CMS or less. This protocol does not apply when Medicare or another health benefit plan is the primary payer and Oxford Health Plans is the secondary payer.

UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 Policy Update Bulletin** at **OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin**.

Policy Title	Policy Type	Effective Date
NEW		
Denosumab (Prolia® & Xgeva®)	Clinical	March 1, 2018
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging	Reimbursement	April 1, 2018
New York & Connecticut Participating Surgeons Using Non-Participating Providers for Intraoperative Neuro-Monitoring (IONM)	Administrative	June 1, 2018
UPDATED/REVISED		
Abnormal Uterine Bleeding and Uterine Fibroids	Clinical	April 1, 2018
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Clinical	April 1, 2018
After Hours and Weekend Care	Reimbursement	April 1, 2018
Attended Polysomnography for Evaluation of Sleep Disorders	Clinical	April 1, 2018
B Bundle Codes	Reimbursement	April 1, 2018
Balloon Sinus Ostial Dilation	Clinical	April 1, 2018
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	Clinical	April 1, 2018
Breast Reduction Surgery	Clinical	April 1, 2018
Buprenorphine (Probuphine® & Sublocade™)	Clinical	April 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Clinical	April 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	Clinical	April 1, 2018
Denosumab (Prolia® & Xgeva®)	Clinical	June 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	April 1, 2018
Drug Coverage Guidelines	Clinical	March 1, 2018
Drug Coverage Guidelines	Clinical	April 1, 2018
Drug Testing	Reimbursement	March 1, 2018
Elbow Replacement Surgery (Arthroplasty)	Clinical	April 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Clinical	April 1, 2018
Epidural Steroid and Facet Injections for Spinal Pain	Clinical	March 1, 2018

UnitedHealthcare Affiliates

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Evaluation and Management (E/M)	Reimbursement	March 1, 2018
Fecal Calprotectin Testing	Clinical	March 1, 2018
Formula & Specialized Food	Administrative	April 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Clinical	April 1, 2018
Glaucoma Surgical Treatments	Clinical	April 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Clinical	April 1, 2018
Home Hemodialysis	Clinical	March 1, 2018
Hysterectomy for Benign Conditions	Clinical	April 1, 2018
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	Clinical	April 1, 2018
Implanted Electrical Stimulator for Spinal Cord	Clinical	April 1, 2018
Increased Procedural Services	Reimbursement	March 1, 2018
In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy	Administrative	April 1, 2018
Luxturna™ (Voretigene Neparvovec-Rzyl)	Clinical	May 1, 2018
Modifier SU	Reimbursement	April 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Clinical	April 1, 2018
Newborns	Administrative	April 1, 2018
Non-Participating Provider Consent Form Protocol	Administrative	March 1, 2018
Nonphysician Health Care Codes	Reimbursement	April 1, 2018
Observation Care	Clinical	April 1, 2018
Observation Care Evaluation and Management Codes	Reimbursement	April 1, 2018
Obstetrical Policy	Reimbursement	April 1, 2018
Obstructive Sleep Apnea Treatment	Clinical	April 1, 2018
Office Based Program	Clinical	April 1, 2018
Omnibus Codes	Clinical	April 1, 2018
Orencia® (Abatacept) Injection for Intravenous Infusion	Clinical	March 1, 2018
Orthognathic (Jaw) Surgery	Clinical	April 1, 2018
Orthopedic Services	Administrative	April 1, 2018
Outpatient Cardiac Telemetry	Clinical	April 1, 2018

UnitedHealthcare Affiliates

< CONTINUED

Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Outpatient Physical & Occupational Therapy for Self-Funded Groups	Clinical	March 1, 2018
Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)	Clinical	March 1, 2018
Panniculectomy and Body Contouring Procedures	Clinical	April 1, 2018
Pneumatic Compression Devices	Clinical	April 1, 2018
Precertification Exemptions for Outpatient Services	Administrative	April 1, 2018
Preventive Care Services	Clinical	April 1, 2018
Referrals	Administrative	April 1, 2018
Reimbursement for Comprehensive and Component CPT Codes (CES)	Reimbursement	March 1, 2018
Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)	Clinical	April 1, 2018
Rhinoplasty and Other Nasal Surgeries	Clinical	April 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Clinical	April 1, 2018
Site of Service Guidelines for Certain Outpatient Surgical Procedures	Clinical	April 1, 2018
Sodium Hyaluronate	Clinical	April 1, 2018
Specialty Medication Administration - Site of Care Review Guidelines	Clinical	April 1, 2018
Standby Services	Reimbursement	April 1, 2018
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Clinical	April 1, 2018
Surgical Treatment for Spine Pain	Clinical	April 1, 2018
Temporomandibular Joint Disorders	Clinical	April 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Clinical	April 1, 2018
Transcranial Magnetic Stimulation	Clinical	April 1, 2018
Wrong Surgical or Other Invasive Procedures	Reimbursement	March 1, 2018
RETIRED/REPLACED		
Advanced Practice Provider Evaluation and Management Procedures	Reimbursement	March 1, 2018
Multiple Imaging Rules	Reimbursement	April 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that Oxford provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

UnitedHealthcare Affiliates

SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines Update Bulletin** at **UHCprovider. com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/ UnitedHealthcare Benefits Plan of California Medical Management Guidelines > Medical Management Guideline Update Bulletins**.

Policy Title	Effective Date
UPDATED/REVISED	
Abnormal Uterine Bleeding and Uterine Fibroids	April 1, 2018
Attended Polysomnography for Evaluation of Sleep Disorders	April 1, 2018
Balloon Sinus Ostial Dilation	April 1, 2018
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair	April 1, 2018
Bone or Soft Tissue Healing and Fusion Enhancement Products	March 1, 2018
Breast Reduction Surgery	April 1, 2018
Chemotherapy Observation or Inpatient Hospitalization	April 1, 2018
Collagen Crosslinks and Biochemical Markers of Bone Turnover	March 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	April 1, 2018
Cytological Examination of Breast Fluids for Cancer Screening	April 1, 2018
Elbow Replacement Surgery (Arthroplasty)	April 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	April 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	April 1, 2018
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	April 1, 2018
Hip Resurfacing and Replacement Surgery (Arthroplasty)	April 1, 2018
Hospital Readmissions	April 1, 2018
Hysterectomy for Benign Conditions	April 1, 2018

UnitedHealthcare Affiliates

< CONTINUED

SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

Policy Title	Effective Date
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	April 1, 2018
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	April 1, 2018
Implanted Electrical Stimulator for Spinal Cord	April 1, 2018
Inpatient Pediatric Feeding Programs	April 1, 2018
Manipulation Under Anesthesia	April 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	April 1, 2018
Obstructive Sleep Apnea Treatment	April 1, 2018
Omnibus Codes	April 1, 2018
Orthognathic (Jaw) Surgery	April 1, 2018
Panniculectomy and Body Contouring Procedures	April 1, 2018
Platelet Derived Growth Factors for Treatment of Wounds	March 1, 2018
Pneumatic Compression Devices	April 1, 2018
Preventive Care Services	April 1, 2018
Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol	April 1, 2018
Proton Beam Radiation Therapy	March 1, 2018
Rhinoplasty and Other Nasal Surgeries	April 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	April 1, 2018
Specialty Medication Administration – Site of Care Review Guidelines	April 1, 2018
Surgical Treatment for Spine Pain	April 1, 2018
Temporomandibular Joint Disorders	April 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	April 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

UnitedHealthcare Affiliates

SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **March 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Update Bulletin** at **UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/ UnitedHealthcare Benefits Plan of California Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins**.

Policy Title	Applicable State(s)	Effective Date
UPDATED/REVISED		
Allergy Testing and Injections	All (California, Oklahoma, Oregon, Texas, & Washington	April 1, 2018
Cardiac Pacemakers and Defibrillators	All	April 1, 2018
Cardiac Rehabilitation Services – Outpatient	All	April 1, 2018
Dialysis Services	All	April 1, 2018
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/ Orthotics (Non-Foot Orthotics) and Medical Supplies Grid	All	April 1, 2018
Immunizations/Vaccinations	Oklahoma, Oregon, Texas, & Washington	April 1, 2018
Rehabilitation Services (Physical, Occupational, and Speech Therapy)	All	April 1, 2018
Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care	All	March 1, 2018

Note: The inclusion of a health service (e.g., test, drug, device or procedure) on this list does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information in this bulletin and the posted policy, the provisions of the posted policy prevail.

State News

Stay up to date with the latest state/regional news.

Outpatient Injectable Chemotherapy Notification for UnitedHealthcare Medicare Advantage Plans: Wisconsin

Starting April 1, 2018, we will require care providers to submit a notification for injectable chemotherapy for members located in Wisconsin — including intravenous, intravesical and intrathecal — when it is administrated in an outpatient setting for UnitedHealthcare Medicare Advantage members with a cancer diagnosis. ›

Specialty Pharmacy Requirements for Certain Specialty Medications (Oxford Health Plans Commercial Members) — Effective Oct. 1, 2018

Effective Oct. 1, 2018, for Oxford Health Plan Members, participating hospitals in New York, New Jersey and Connecticut will be required to purchase certain multiple sclerosis and anti-inflammatory specialty medications from the specialty pharmacy, BriovaRx. ›