NOVEMBER 2018

network bulletin

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

Enter

UnitedHealthcare respects the expertise of the physicians, health care professionals and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Network Bulletin was developed to share important updates regarding UnitedHealthcare procedure and policy changes, as well as other useful administrative and clinical information.

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

UnitedHealthcare®

Table of Contents

Front & Center

Stay up to date with the latest news and information.

New Smart Edits and Enhanced Payer/Provider Collaboration

In the August Network Bulletin, we introduced you to UnitedHealthcare's Smart Edits, which identify and return claims with potential errors before they enter the claims processing system. Medicare edits went live on Aug. 16, 2018, and additional Commercial and Medicaid edits went live on Oct. 4, 2018. ›

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

Go Paperless: Good for the Planet. Good for You

We want to do our part to protect the environment and we'd like your help. For example, claimsLink users can view and download claim letters in Document Vault, and Prior Authorization and Notification users can do the same for prior authorization letters. ›

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Changes in Advance Notification and Prior Authorization Requirements

Changes in advance notification and prior authorization requirements are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs. ›

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We want to inform care providers about a billing issue for Intravenous (IV) and Subcutaneous (SC) Immune Globulin (IG) and Remicade® (IV) affecting outpatient facilities. We've received some claims related to UnitedHealthcare commercial plans and UnitedHealthcare Community Plan without the appropriate ICD-10-CM diagnosis billing codes as listed in UnitedHealthcare Medical Benefit Drug policy guidelines. Claims will be reviewed to help ensure the condition treated with these medications is consistent with the Medical Benefit Drug Policy. ›

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In 2019, UnitedHealthcare is growing its national network of participating laboratory providers to better support our members and the care providers who order laboratory services. LabCorp will remain in-network and, until Jan. 1, 2019, will serve as UnitedHealthcare's exclusive national laboratory care provider. Beginning Jan. 1, 2019, Quest Diagnostics will be an in-network laboratory care provider for UnitedHealthcare members. ›

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The Jan. 1, 2019 Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans are now available at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy. ›

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Our goal is to provide safe, easy and quick ways to get your patients the medication they need. **ePrescribe** is the fast and convenient way to do that. ›

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New My ScriptRewards Enables People to Share Cost Savings on Select HIV Medications

Care providers can tell their patients about My ScriptRewards, a new UnitedHealthcare program that shares prescription cost savings directly with plan participants who choose doctor-approved, guideline-recommended and cost-effective HIV medications. My ScriptRewards offers UnitedHealthcare plan participants the opportunity to realize additional cost savings and earn up to $500 in prepaid debit cards to use toward medical expenses, including other prescriptions and doctor's office copays. ›

New Provider Center for Education Channel on UHC On Air

Through a collaborative effort between UnitedHealthcare Population Health and Optum Risk Quality & Network Solutions, we have created a channel on UHC On Air called Provider Center for Education, which offers many free Continuing Education Units (CEUs). Live and on-demand video broadcasts are available 24/7 from any device, making health care education convenient for everyone. Go to UHCprovider.com, click the Link button and select the UHC On Air tile to locate the Provider Center for Education channel. ›

Exclusions for HEDIS® 2019: Advances Illness

The National Committee for Quality Assurance (NCQA) has implemented new exclusions for members with advanced illness for 10 Healthcare Effectiveness Data and Information Set (HEDIS®) measures. The rationale for this change is quality measures for screening and prevention may not be indicated or a priority for individuals with advanced illness. Appropriate coding and documentation of conditions indicative of frailty and advanced illness will support exclusion from specific measure populations. ›

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A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available for UnitedHealthcare commercial at UHCprovider.com/pharmacy. ›

We're Simplifying the Administrative Process

You care for your patients, many of whom are UnitedHealthcare plan members. And we want to help take better care of you. That's why we're making major changes to ease your administrative burden, share actionable data and insights, and help deliver value — so you can spend more time with your patients and less time on paperwork. ›

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In the August Network Bulletin, we introduced you to UnitedHealthcare's Smart Edits, which identify and return claims with potential errors before they enter the claims processing system. Medicare edits went live on Aug. 16, 2018, and additional Commercial and Medicaid edits went live on Oct. 4, 2018. The list of active Smart Edits and their descriptions is available at **UHCprovider.com/ace**.

Among the features of Smart Edits:

- Smart Edits are delivered via the industry standard EDI 277CA clearinghouse rejection report. There's no need to install new software. Simply check your rejected claims report to find the Smart Edit.
- Providers are encouraged to make recommended changes and re-submit the claim within five calendar days 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.
- Go to **UHCprovider.com/ace** for information related to EDI Claims and Smart Edits.

UnitedHealthcare is also offering an ACE Smart Edits Training series on UHC On Air. The first training session provides an overview of UnitedHealthcare Smart Edits. Topics include:Smart Edits overview

- How to interact with Smart Edits
- Where to go if you have additional questions about Smart Edits

Follow these steps to access the ACE Smart Edits Training Series:

- Sign in to Link by going to **UHCprovider.com** and clicking on the Link button in the top right corner.
- Select the UHC On Air tool on your Link dashboard, then choose the UHC News Now Channel, and then ACE Smart Edit to view content.

If you have questions about UHC On Air and how to access Smart Edit training content, send an email to **uhconair@uhc.com**.

To help ensure a smooth experience with Smart Edits, we're collaborating with clearinghouses and care provider groups to design edits and workflows with you in mind. We're also building out a care provider outreach program to communicate with individual provider groups about how they can best use Smart Edits to increase accurate claims submissions and decrease denials.

If you're experiencing issues with Smart Edits, contact EDI Support online using the **EDI Transaction Support Form** or by email at **SupportEDI@uhc.com**.

Tell Us What You Think of Our Communications

Your opinion is important to us. We'd like to get your thoughts about The Network Bulletin. 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.

Front & Center

Go Paperless: Good for the Planet. Good for You

We want to do our part to protect the environment and we'd like your help.

claimsLink users can view and download claim letters in **Document Vault**, and Prior Authorization and Notification users can do the same for prior authorization letters. Ask your Link Password Owner to turn off mail delivery using the **Paperless Delivery Options** tool. This simple act can help save money, energy and natural resources. Just think how much time you could save by viewing your letters online instead of opening, routing, storing and disposing of mail. If all health care providers switch to paperless delivery with UnitedHealthcare, the effect will be staggering.

By working together, we can save:

- **30 million** pieces of paper
- **1,500** trees
- **90 million** gallons of water*

Additional benefits include:

- Letters are added to Document Vault the day they're generated so there's no need to wait for them to be printed and mailed.
- Receive email notifications when new letters are added. Notifications can be turned on for individual users and/or group mailboxes.
- Organized folders and multiple search options make it easy to find specific letters.

To learn more about using Document Vault and Paperless Delivery Options, go to **UHCprovider.com/documentvault** and **UHCprovider.com/paperless**.

Only Link Password Owners have access to Paperless Delivery Options. Don't know your Password Owner? Open the UnitedHealthcare Manage My Account tile on Link to find yours. Or, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278, option 1**, 7 a.m. to 9 p.m. Central Time, Monday through Friday.

*www.theworldcounts.com/stories/Environmental_Impact_of_Paper_Production. Calculated from electronic-eligible paper claim letters generated in June 2018. An average of four pieces of paper are assumed for each letter.

New 2019 Opioid Safety Edits for UnitedHealthcare Medicare Advantage and Prescription Drug Plans

Beginning Jan. 1, 2019, UnitedHealthcare Medicare Advantage and Prescription Drug Plans will be implementing several new point-of-service safety edits to help cut down on the prevalence of opioid misuse and address safety concerns around opioid prescriptions. To help you better understand these edits, and any actions you may need to take as a result, please view our **2019 Opioid Readiness: Quick Reference Guide for UnitedHealthcare Medicare Advantage and Prescription Drug Plans**, available at UHCprovider.com/Pharmacy.

Front & Center

Link Self-Service Updates and Enhancements

We're continuously making improvements to Link tools to better support your needs. Among the enhancements:

Document Vault

Prior authorization letters for commercial, Medicare and UnitedHealthcare West members were added to **Document Vault**. Users of the Prior Authorization and Notification tool can now view and download these letters. Link Password Owners can turn off mail delivery of letters in the **Paperless Delivery Options** tool.

Getting Started

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

Training Available

Register for live training webinars at **UHCprovider.com/training** or watch short tutorials on demand on UHC On Air on Link. **UHC On Air** is your source for live and on-demand video broadcasts created specifically for UnitedHealthcare providers.

For help with Link, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278, option 1**, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

UnitedHealthcareOnline.com has Retired

Thanks to your insight, we completed the biggest changes to our online tools. We've been working hard over the past few years to make Link self-service tools easier for you to use. Now that UnitedHealthcareOnline.com tools and transactions have moved to Link,* you don't need to go back and forth between our sites.

Your user experience is always a top focus and we know learning new tools takes time and can be a little bit disruptive. We want to say thanks and hope you're finding the new suite of tools all in one place worth it.

Be sure to check out one of our **instructor-led webinars** or watch a short video tutorial on **UHC On Air**. Quick Reference Guides are available at **UHCprovider.com/link**. If you have questions about using Link, call the UnitedHealthcare Connectivity Helpdesk at 866-842-3278, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

*The Patient Personal Health Record has been retired and isn't available on Link.

Front & Center

Changes in Advance Notification and Prior Authorization Requirements

Correction to Code Additions to Prior Authorization published in October Network Bulletin

Effective for dates of service on or after **Dec. 1, 2018** (changed from Jan. 1, 2019), per state requirement, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of New York (Medicaid, HARP, CHIP, EPP, LTSS Plan)**:

Category	Codes
Experimental/Investigational	A9274

Effective for dates of service on or after **Dec. 1, 2018** (changed from Oct. 1, 2018) as approved by the State of Mississippi, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of Mississippi (Medicaid, CHIP Plans)**:

Category	Codes
Speech Therapy	92507

Effective for dates of service on or after **Jan. 1, 2019**, the following procedure codes, per state requirement, will require prior authorization to obtain the face-to-face documentation for **UnitedHealthcare Community Plan of Kansas (Medicaid, CHIP, LTSS plans)**:

Category	Codes	Additional Criteria for Requirement
Incontinence Supplies	T4521-T4535, T4543	• Only when billed by home healthcare agency, and • Enrollee is age 21 or older, and • Diagnosis is R39.11, N39.498, F98.0, R15.9, F98.1, N39.42, or N39.45

Changes listed above will be published prior to implementation. The most up-to-date Advance Notification lists are available online at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > Plan Requirements and Procedure Codes.

Front & Center

UnitedHealthcare's Coverage Policy for DermACELL®

In response to recent inquiries, we have clarified our *Skin and Soft Tissue Substitutes* medical policy. Please refer to the revised policy, Policy Number 2018T0592B with an effective date of Nov. 1, 2018, for these clarifications. This policy includes our coverage guidelines for human Acellular Dermal Matrix (hADM), including DermACELL.

UnitedHealthcare made an adjustment to this policy as it relates to DermACELL, which will now include coverage when used for breast reconstruction post mastectomy procedures. The policy related to the breast reconstructive post mastectomy procedure has also been updated.

For the most updated information on these policies, please visit UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > **UnitedHealthcare Commercial Medical & Drug Policies and Coverage Determination Guidelines**.

Billing for Intravenous and Subcutaneous Immune Globulin and Remicade®

We've received some claims related to UnitedHealthcare commercial plans and UnitedHealthcare Community Plan without the appropriate ICD-10-CM diagnosis billing codes as listed in UnitedHealthcare Medical Benefit Drug policy guidelines. This is a billing issue for Intravenous (IV) and Subcutaneous (SC) Immune Globulin (IG) and Remicade® (IV) affecting outpatient facilities.

Claims will be reviewed to help ensure the condition treated with these medications is consistent with the Medical Benefit Drug Policy. Claim lines that have a diagnosis not consistent with the drug policy may result in a line denial or a claim denial. In these cases, a representative from Optum will contact the care provider to review the claim. Using the correct ICD-10-CM code doesn't guarantee coverage of a service. The service must be used consistent with the criteria outlined in our UnitedHealthcare Medical Benefit Drug policies. We'll continue to work with care providers to understand why this is happening. For more information, please contact your network account manager or provider advocate.

Front & Center

Network National Laboratory Services Care Providers for 2019

In 2019, UnitedHealthcare is growing its national network of participating laboratory providers to better support our members and the care providers who order laboratory services:

- LabCorp will remain in-network and, until Jan. 1, 2019, will serve as UnitedHealthcare's exclusive national laboratory care provider.*
- Beginning Jan. 1, 2019, Quest Diagnostics will be an in-network laboratory care provider for all UnitedHealthcare members.*

LabCorp offers nearly 5,000 frequently requested and specialty tests, including a wide range of clinical, anatomic pathology, genetic and genomic tests, delivered through LabCorp's broad patient access points, including a growing retail presence. Quest, which is an in-network lab for a limited number of UnitedHealthcare plans in some markets today, has 6,000 patient access points and will be in-network nationwide for all plan participants beginning Jan. 1, 2019.

For more information, please contact your UnitedHealthcare representative.

*Excluding existing lab capitation agreements

Prescription Drug List Updates

The Jan. 1, 2019 Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans are now available at UHCprovider.com > Menu > Resource Library > **Drug Lists and Pharmacy**.

Front & Center

UnitedHealthcare Commercial and UnitedHealthcare Community Plan Outpatient Injectable Cancer Therapy Authorization Program Update

Effective Feb. 1, 2019, Optum, an affiliate company of UnitedHealthcare, will begin managing our prior authorization requests for outpatient injectable chemotherapy and related cancer therapies:

- This change applies to UnitedHealthcare Commercial members with a cancer diagnosis. Any active prior authorizations requested through the former process will remain in place.
- This change also applies to UnitedHealthcare Community Plan members in New Jersey, New York, Pennsylvania and Texas. Any active prior authorizations requested via the former process will remain in place.

To submit an online request for prior authorization through the new process, sign in to Link and access the Prior Authorization and Notification tool. Then select the "Radiology, Cardiology + Oncology" box. After answering two short questions about the state you work in, you'll be directed to a new website to process these authorization requests. Prior authorization/notification requests for UnitedHealthcare Oxford and Medicare members will continue to be requested though the existing eviCore process until future notice.

Prior authorization will continue to be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors:
  - Filgrastim (Neupogen®) J1442
  - Filgrastim-aafi (NivestymTM) Q5110
  - Filgrastim-sndz (Zarxio®) Q5101
  - Pegfilgrastim (Neulasta®) J2505
  - Pegfilgrastim-jmdb (FulphilaTM) Q5108
  - Sargramostim (Leukine®) J2820
  - Tbo-filgrastim (Granix®) J1447
- Denosumab (Brand names Xgeva and Prolia): J0897

Prior authorization will be required when adding a new injectable chemotherapy drug or cancer therapy to an existing regimen.

Front & Center

Reminder: Successfully Submitting a Prescription to BriovaRx

As a reminder, our goal is to provide safe, easy and quick ways to get your patients the medication they need. **ePrescribe** is the fast and convenient way to do that.

Here are some tips for timely prescription processing:

- ePrescribe — For the quickest, most convenient processing, add the BriovaRx® profile to your electronic medical record (EMR) system using the address specific to your region to send the prescription to us. For the list of locations, go to **briovarx.com/eprescribeInfo.html**.
- Call us — Speak directly with a BriovaRx pharmacist by calling 855-4BRIOVA (855-427-4682).
- Fax forms — Download our **enrollment forms** and submit by fax to your regional pharmacy location.

Submission checklist

Minimize delays and pharmacy back-and-forth by following these steps before submitting a prescription:

- ✓ Verify with your patient that BriovaRx is their chosen pharmacy.
- ✓ Verify prescription medication name, formulation, strength, directions, quantity, and whether refills are complete.
- ✓ If using ePrescribe, **check to make sure** that you are selecting the address specific to your region's location.
- ✓ Make sure that collaborating / supervising physician information is included as required by your state for mid-level practitioners.
- ✓ Make sure that ICD-10 information is added.
- ✓ Verify clinical information is sent using our electronic prior authorization option, via fax to your regional pharmacy location or by downloading our **enrollment form** and faxing to your regional pharmacy location.
- ✓ Prior authorization assistance may be provided by BriovaRx or electronic prior authorization (ePA) submission through **CoverMyMeds**. Please note: Not all insurance plans accept ePA submissions

You and your patients will enjoy the convenience:

- You save time, staffing and cost of supplies.
- Our pharmacists and nurses are available for your patients via phone 24/7.
- Your patients get free standard shipping of prescriptions to anywhere in the United States.

For more information, send an email to **BRxProviderHelp@briovarx.com**.

Front & Center

New My ScriptRewards Enables People to Share Cost Savings on Select HIV Medications

My ScriptRewards provides an enhanced benefit to patients who utilize select lower-cost medications. HIV is the first medication category to be part of the My ScriptRewards program and will provide $0 cost-share for select medications to treat HIV infection. The $0 cost share medications include: Cimduo plus Isentress / Isentress HD OR Cimduo plus Tivicay. In addition, patients who fill the $0 cost share combination products will be eligible for up to $500 annually in prepaid debit cards to offset other medical expenses.

We ask that you work with your patients to determine if the available $0 cost-share option regimens are right for them. If yes, new prescriptions will need to be written to obtain the $0 cost share medications. If you and your patient decide that the eligible $0 cost-share regimens aren't right for them, the complete list of covered options can be viewed on PreCheck MyScript, which provides patient-specific pharmacy benefit information at the point of prescribing.

The My ScriptRewards program will be available to all patients utilizing HIV treatment if their group has selected to participate; however, patients currently taking Atripla, Biktarvy, Genoyva or Stribild will receive mailings informing them of the program. Additionally, Atripla will be excluded from benefit coverage starting Jan. 1, 2019. Patients currently on this therapy will have until April 1, 2019 to discuss alternative options with you.

Care providers and patients will be receiving information about the My ScriptRewards program by letter, myuhc.com and through network pharmacy partners. Care providers can email **pharmacy_news@uhc.com** with questions.

New Provider Center for Education Channel on UHC On Air

We understand it can be challenging to meet your continuing education requirements this time of year. With the Provider Center for Education channel available on **UHC On Air**, you can quickly and easily access multiple no cost CEUs. Program examples include: Accurate Diagnosis, Documentation & Coding (1 CEU) and CMS Star Ratings (1 CEU). To get started, go to **UHCprovider.com**, then click the Link button in the top right corner. Select the UHC On Air tile on the Link dashboard and then select the Provider Center for Education channel to see all available programs. Be sure to add this channel to your favorites by clicking on the star. Check back often as we continue to add new content based on your feedback.

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Exclusions for HEDIS® 2019: Advances Illness

The National Committee for Quality Assurance (NCQA) has implemented new exclusions for members with advanced illness for 10 Healthcare Effectiveness Data and Information Set (HEDIS®) measures. The rationale for this change is quality measures for screening and prevention may not be indicated or a priority for individuals with advanced illness. Appropriate coding and documentation of conditions indicative of frailty and advanced illness will support exclusion from specific measure populations.

The 10 HEDIS® measures include:

- Breast Cancer Screening
- Colon Cancer Screening
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Osteoporosis Management in Women Who Had a Fracture
- Persistence of Beta Blocker Treatment After a Heart Attack
- Statin Therapy for Patient with Cardiovascular Disease
- Statin Therapy for Patients with Diabetes
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

The specifications exclude individuals age 66 and older with an advanced illness condition and an indication of frailty and individuals age 80 and older with an indication of frailty. To be identified with advanced illness, members must have a diagnosis from the Advanced Illness Value Set. Cardiovascular, pulmonary, renal and malignant conditions are a few examples of diagnoses listed in the Value Set. To be identified with frailty, members must have one claim for frailty from the Frailty Value Set during the measurement year. Examples of conditions included in the Frailty Value Set are: assistive devices such as canes, walkers or wheelchairs, durable medical equipment like hospital beds and commodes, and medical devices including portable oxygen and ventilators. Nursing services by Registered Nurses, Licensed Practical Nurses and qualified nurses' aides are also listed in the Frailty Value Set, as are gait disturbances, weakness and malaise, falls and pressure ulcers.

Tips to Help Improve the Patient Experience

It's important for your patients who are our members to have a positive experience when seeing a care provider. To create a positive experience, get the complete picture and be involved in all aspects of the patient's care:

- Remind patients to bring in health care paperwork from other specialists and include this information in the patient's medical record (e.g., medication, therapy, home care services).
- Provide a referral printout to help schedule follow-up appointments.
- Remind patients to share your office's contact information with any specialists they see.
- Have processes in place to make sure results are shared between primary care and specialist providers.
- Ask patients to let you know about any off-site tests, specialist visits or virtual visits.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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We're listening to you and driving improvements.

Scheduling screenings	Reducing Prior Authorizations	Addressing care opportunities	Facilitating the care you provide
We help schedule 20,000 overdue health screenings each year for UnitedHealthcare Medicare Advantage plan members.	In the last 3 years, medical benefit prior authorization requirements dropped by	In 2017, technology and enhanced clearinghouse partnerships reduced EDI submission errors by	PreCheck MyScript reduces costs and delays for patients. Paper prior authorization requests avoided by
20,000	**31%**	**24.5%**	**34%**

We are continuing to make improvements and will keep you updated in future issues of the Network Bulletin.

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

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

Peer Comparison Reports Available November 2018

Peer comparison reports, previously known as performance reports, give an analysis of how a physician's claims data compares with that of others in the same specialty for certain key measures over a given period of time. Network physicians will receive a report when their paid claims show trends that do not align with expected practice patterns. ›

UnitedHealth Premium® Program: Final Date to Submit a Request for Reconsideration is Nov. 20, 2018

On July 27, 2018, UnitedHealth Premium program notification letters with instructions for accessing new evaluation details and designations were sent to physicians. The program gives physicians time to review results and request reconsideration, if necessary. The last date to submit a request for reconsideration is Nov. 20, 2018. ›

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 **October 2018 Medical Policy Update Bulletin** at **UHCprovider.com > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins**.

Policy Title	Policy Type	Effective Date
NEW		
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site Of Care	URG	Jan. 1, 2019
UPDATED/REVISED		
Chemotherapy Observation or Inpatient Hospitalization	URG	Oct. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Medical	Oct. 1, 2018
Elbow Replacement Surgery (Arthroplasty)	Medical	Oct. 1, 2018
Electric Tumor Treatment Field Therapy	Medical	Nov. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Medical	Oct. 1, 2018
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Medical	Oct. 1, 2018
Habilitative Services and Outpatient Rehabilitation Therapy	CDG	Nov. 1, 2018
Hereditary Angioedema (HAE), Treatment and Prophylaxis	Drug	Oct. 1, 2018
Hospital Readmissions	QOC	Oct. 1, 2018
Hysterectomy for Benign Conditions	Medical	Oct. 1, 2018
Infertility Services	CDG	Oct. 1, 2018
Maximum Dosage	Drug	Oct. 1, 2018
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)	Medical	Nov. 1, 2018

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UnitedHealthcare Commercial

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Obstructive Sleep Apnea Treatment	Medical	Oct. 1, 2018
Orthognathic (Jaw) Surgery	CDG	Oct. 1, 2018
Pneumatic Compression Devices	Medical	Oct. 1, 2018
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	CDG	Nov. 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Medical	Oct. 1, 2018
Speech Language Pathology Services	CDG	Oct. 1, 2018
Surgical Treatment for Spine Pain	Medical	Oct. 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Medical	Oct. 1, 2018
Transcatheter Heart Valve Procedures	Medical	Dec. 1, 2018
Unicondylar Spacer Devices for Treatment of Pain or Disability	Medical	Oct. 1, 2018
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Medical	Nov. 1, 2018
Warming Therapy and Ultrasound Therapy for Wounds	Medical	Nov. 1, 2018
White Blood Cell Colony Stimulating Factors	Drug	Oct. 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

Peer Comparison Reports Available in November 2018

Peer comparison reports, previously known as performance reports, give an analysis of how a physician's risk adjusted claims data compares with that of others in the same specialty for certain key measures over a period of time. A report will be provided to Network physicians when their paid claims show trends that are statistically different from expected practice patterns. National risk-adjusted peer benchmarks reflective of specific standards of care and Choosing Wisely® recommendations are used to determine these patterns. Physicians will receive a letter in early November 2018 that gives instructions on how to access their Peer comparison reports online through Document Vault on Link.

Physicians can access Document Vault by signing in to Link through **UHCprovider.com**. They then click on the Link button in the top right corner and click on the padlock icon in the top right of their Link dashboard. Physicians not already using Link self-service tools will need to register for an Optum ID and link it to their tax ID numbers (TINs). Go to UHCprovider.com/newuser to get started. Once registered, physicians can view their peer comparison report by:

1. Signing in to Link and clicking on the padlock icon in the top right of your Link dashboard.
2. In the My Documents area of the Document Vault home page, click the Peer Comparison Reports folder. You will see links to the available documents in the Document Name column.
3. Look for a document labeled with your last name and your MPIN (e.g., SMITH_123456 _PCR_Report_Nov_2018).
4. Click the document link to open the document or click the download icon to save it to your computer.

For more information, contact the Health Care Measurement Resource Center at **866-270-5588**.

Choosing Wisely® is a registered trademark of ABIM Foundation.

UnitedHealth Premium® Program: Final Date to Submit a Request for Reconsideration is Nov. 20, 2018

On July 27, 2018, UnitedHealth Premium program notification letters with instructions for accessing new evaluation details and designations were sent to physicians. The letters included registration instructions for our new Premium program website, **UnitedHealthPremium.UHC.com**.

The Premium program gives physicians time to review results and request reconsideration, if necessary. The program provides a minimum of 60 days to request a change to information that may have an impact on a Premium program designation result. The last date to submit a request for reconsideration is Nov. 20, 2018. For more information, contact the Health Care Measurement Resource Center at 866-270-5588.

UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

Update on Injection and Infusion Services Policy

In the September Network Bulletin, an update to the Injection and Infusion Services Policy was announced. The change involved a CPT® coding requirement that allowed only therapeutic infusion codes (96365 and 96366) to be reimbursed when reported with (J3380) Vedolizumab/Entyvio, (J0129) Abatacept/Orencia, (J3262) Tocilizumab/Actemra and/or (J1602) Golimumab/Simponi instead of chemotherapy infusion codes (96413 and 96415). This planned change to the policy is undergoing additional evaluation. The change will not be effective on Dec. 1, 2018 as previously announced. ›

Coordinated Commercial Reimbursement Policy Announcement

Whenever possible, UnitedHealthcare will make every effort to organize reimbursement policy updates into fewer articles to make it easier to review. UnitedHealthcare remains committed to early, frequent and transparent communication with care providers about our ongoing relationship. ›

New UnitedHealthcare Medicare Advantage Reimbursement Policies

In the August 2018 Network Bulletin, UnitedHealthcare Medicare Advantage and Community Plan Medicare Plans communicated that six new policies would be published. At this time, UnitedHealthcare will not publish the following policies as previously communicated: Adjunct Professional Services; Age to Diagnosis & Procedure Code; Audiologic/Vestibular Function Testing; Care Plan Oversight; Re-Admission; and Unlisted Services. ›

Reimbursement Policy Name Change

UnitedHealthcare is currently working to better align our reimbursement policy titles to support the Centers for Medicare & Medicaid Services naming conventions and simplify searching for policies under multiple lines of business. UnitedHealthcare Commercial Plans “Assistant Surgeon Policy” and UnitedHealthcare Medicare Advantage Plans “Surgical Assistant Services Policy” will change to “Assistant-at-Surgery Services Policy” starting Dec. 1, 2018. This name change will not change the policy intent or the procedure codes eligible for reimbursement. ›

Revision to Readmission Policy, Facility

UnitedHealthcare Community Plan will change the existing Readmission Policy on the effective dates listed on each state’s Provider Portal. Please review the effective dates and details on each state’s Provider Portal. ›

UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

UnitedHealthcare Community Plan of California Changing its Vitamin D Testing Reimbursement Policy

UnitedHealthcare Community Plan in California will change the existing Vitamin D Policy for claims with dates of services on or after Jan.1, 2019. The policy will further align with recent clinical evidence. Prevailing clinical evidence only considers vitamin D testing to be clinically appropriate if it's done when a patient is diagnosed with certain medical conditions. In those cases, we're limiting UnitedHealthcare Community Plan members to four tests in a 12-month period. ›

Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they're done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy. ›

UnitedHealthcare Community Plan Reimbursement Policy:

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: 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.

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.

UnitedHealthcare Reimbursement Policies

Update on Injection and Infusion Services Policy

In the September Network Bulletin, an update to the Injection and Infusion Services Policy was announced. The change involved a CPT® coding requirement that allowed only therapeutic infusion codes (96365 and 96366) to be reimbursed when reported with (J3380) Vedolizumab/Entyvio, (J0129) Abatacept/Orencia, (J3262) Tocilizumab/Actemra and/or (J1602) Golimumab/Simponi instead of chemotherapy infusion codes (96413 and 96415). This planned change to the policy is undergoing additional evaluation. The change will not be effective on Dec. 1, 2018 as previously announced.

UnitedHealthcare Reimbursement Policies

Coordinated Commercial Reimbursement Policy Announcement

Whenever possible, UnitedHealthcare will make every effort to organize reimbursement policy updates into fewer articles to make it easier to review

UnitedHealthcare remains committed to early, frequent and transparent communication with care providers about our ongoing relationship. The chart below contains an overview of the policy changes and their effective dates for the following new policy: **Discarded Drugs and Biologicals Policy, Professional and Facility.**

Policy	Effective Date	Summary of Change
New Policy – Discarded Drugs and Biologicals Policy, Professional and Facility	March 1, 2019	• Payment may be made for the amount of drug or biological administered as well as the amount discarded up to the amount of the drug or biological as indicated on the single use vial or package. • The HCPCS code representing the amount administered should be submitted on one line and on a separate line the HCPCS code with JW appended to represent the amount discarded should be submitted. • The JW modifier is not permitted when the actual dose of the drug or biological administered is less than the billing unit. • The units billed must correspond with the smallest dose (vial) available for purchase from the manufacturer(s) that could provide the appropriate dose for the patient, while minimizing any wastage. • Modifier JW is not permitted to identify discarded amounts from a multi-dose vial (MDV). • The amount of the drug administered as well as the discarded drug or biological must be documented in the patient's medical record. • This policy applies to professional (1500 form) and outpatient claims (UB04).

UnitedHealthcare Reimbursement Policies

New UnitedHealthcare Medicare Advantage Reimbursement Policies

In the August 2018 Network Bulletin, UnitedHealthcare Medicare Advantage and Community Plan Medicare Plans communicated that six new policies would be published. At this time, UnitedHealthcare will not publish the following policies as previously communicated:

- Adjunct Professional Services
- Age to Diagnosis & Procedure Code
- Audiologic/Vestibular Function Testing
- Care Plan Oversight
- Re-Admission
- Unlisted Services

These reimbursement policies apply to all network and non-network physicians or other qualified health care professionals. 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.

Reimbursement Policy Name Change

UnitedHealthcare is currently working to better align our reimbursement policy titles to support the Centers for Medicare & Medicaid Services naming conventions and simplify searching for policies under multiple lines of business. UnitedHealthcare Commercial Plans "Assistant Surgeon Policy" and UnitedHealthcare Medicare Advantage Plans "Surgical Assistant Services Policy" will change to "Assistant-at-Surgery Services Policy" starting Dec. 1, 2018. This name change will not change the policy intent or the procedure codes eligible for reimbursement.

This reimbursement policy applies to all network and non-network physicians or other qualified health care professionals. This announcement pertains to reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.

UnitedHealthcare Reimbursement Policies

Revision to Readmission Policy, Facility

UnitedHealthcare Community Plan will change the existing Readmission Policy on the effective dates listed on each state's Provider Portal. Please review the effective dates and details on each state's Provider Portal. These requirements state that an inpatient readmission for the same or similar diagnosis that falls within the readmission timeframe should be billed on the index/anchor admission claim. This means that you should submit a single inpatient claim for both the index/anchor admission and the readmission to help avoid claim denials. Readmissions billed separately from the index/anchor admission claim are considered non-reimbursable as separate inpatient admissions.

Resources

If you'd like to review the readmission policy, go to the Reimbursement Policies for Community Plan page on **UHCprovider.com**, then enter "Readmission" under Refine Results.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include, but are not limited to, federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at **UHCprovider.com** > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail.

If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

UnitedHealthcare Reimbursement Policies

UnitedHealthcare Community Plan of California Changing its Vitamin D Testing Reimbursement Policy

UnitedHealthcare Community Plan in California will change the existing Vitamin D Policy for claims with dates of services on or after Jan.1, 2019. The policy will further align with recent clinical evidence. Prevailing clinical evidence only considers vitamin D testing to be clinically appropriate if it's done when a patient is diagnosed with certain medical conditions. In those cases, we're limiting UnitedHealthcare Community Plan members to four tests in a 12-month period.

We'll implement these guidelines for claims processed on or after Jan. 1, 2019:

- We'll cover four vitamin D tests per year for UnitedHealthcare Community Plan members who are diagnosed with any of the conditions on the Proven Diagnosis List in the reimbursement policy.
- We won't cover any vitamin D tests for plan members who don't have one of the conditions listed in the Proven Diagnosis List of the reimbursement policy.
- We'll deny claims for any vitamin D tests beyond the fourth test in a 12-month period.

To read the policy, please visit **UHCprovider.com** > Menu > Health Plans by State > [Select State] > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters.

UnitedHealthcare Reimbursement Policies

Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they're done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy.

For these reasons, UnitedHealthcare Community Plan will implement these guidelines for claims processed on or after the effective dates listed in the chart below:

- We'll allow the first three obstetrical ultrasounds per pregnancy.
- The fourth and subsequent obstetrical ultrasound procedures will only be allowed for members identified as high risk.
- Claims for high-risk members must include a diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list.
- Claims for a fourth or subsequent obstetrical ultrasound procedure will be denied without one of the codes on that list.

State	Effective Date
California	Jan. 1, 2019

To read the policy, visit UHCprovider.com > Menu > **Health Plans by State**.

Note about Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.

UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

Effective Feb. 1, 2019, UnitedHealthcare will require prior authorization/notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Florida, Maryland, Michigan, Missouri, New Jersey, New York, Pennsylvania, Rhode Island, Tennessee and Texas. ›

Discontinuation of Reimbursement for codes S9083/S9088

The effective date of Nov. 1, 2018 published in the August Network Bulletin for discontinuation of reimbursement for codes S9083/S9088 for Tennessee Community Plan has been postponed. The policy will not apply to Tennessee Community Plan until further notice. ›

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

UnitedHealthcare Community Plan

UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

Effective Feb. 1, 2019, UnitedHealthcare will require prior authorization/notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Florida, Maryland, Michigan, Missouri, New Jersey, New York, Pennsylvania, Rhode Island, Tennessee and Texas.

Care providers will use the Genetic and Molecular Lab Test tool on Link to submit the notification/prior authorization request. You'll fill in the member's information and then choose the test and lab to perform the test. Ordering care providers will need to submit requests for tests that require authorization. Labs may submit their own notification requests for tests that only require notification.

Beginning Feb. 1, 2019, an approved notification/prior authorization will be required for tests such as:

- Tier 1 Molecular Pathology Procedures
- Tier 2 Molecular Pathology Procedures
- Genomic Sequencing Procedures
- Multianalyte Assays with Algorithmic Analyses that include Molecular Pathology Testing

- These CPT® codes are:

0001U	0009M
0018U - 0019U	0011M - 0013M
0022U - 0023U	81105 - 81111
0026U - 0034U	81120 - 81121
0036U - 0037U	81161 - 81420
0040U	81425 - 81479
0045U - 0050U	81507
0055U - 0057U	81519 - 81521
0060U	81545
0004M	81595 - 81599
0006M - 0007M	S3870

When you submit your request online, you'll get a decision right away if your request meets UnitedHealthcare's clinical and coverage guidelines. If more information or clinical documentation is needed, we'll contact you.

You can find more information on the Genetic and Molecular Lab Test tool on Link at **UHCprovider.com/genetics**. Determinations for notification/prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. Our clinical policies can be found at **UHCprovider.com/policies**.

Discontinuation of Reimbursement for codes S9083/S9088

The effective date of Nov. 1, 2018 published in the August Network Bulletin for discontinuation of reimbursement for codes S9083/S9088 for UnitedHealthcare Community Plan in Tennessee has been postponed. The policy will not apply to UnitedHealthcare Community Plan in Tennessee until further notice.

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 **October 2018 Medical Policy Update Bulletin** at **UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins**.

Policy Title		Policy Type	Effective Date
NEW			
Specialty Medication Administration – Site of Care Review Guidelines	• For Arizona, Maryland, and Ohio	URG	Oct. 15, 2018
	• For California, Florida, Hawaii, Iowa, Kansas, Michigan, Mississippi, Nebraska, New York, Rhode Island, Tennessee, Texas, Virginia, and Washington		Jan. 1, 2019
UPDATED/REVISED			
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes		Medical	Oct. 1, 2018
Elbow Replacement Surgery (Arthroplasty)		Medical	Oct. 1, 2018
Electric Tumor Treatment Field Therapy		Medical	Dec. 1, 2018
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography		Medical	Oct. 1, 2018
Hereditary Angioedema (HAE), Treatment and Prophylaxis		Drug	Oct. 1, 2018
Maximum Dosage		Drug	Oct. 1, 2018
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)		Medical	Dec. 1, 2018
Obstructive Sleep Apnea Treatment		Medical	Oct. 1, 2018
Orthognathic (Jaw) Surgery		CDG	Oct. 1, 2018
Pneumatic Compression Devices		Medical	Oct. 1, 2018

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UnitedHealthcare Community Plan

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs	CDG	Dec. 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Medical	Oct. 1, 2018
Speech Language Pathology Services	CDG	Oct. 1, 2018
Surgical Treatment for Spine Pain	Medical	Oct. 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Medical	Oct. 1, 2018
Transcatheter Heart Valve Procedures	Medical	Dec. 1, 2018
Unicondylar Spacer Devices for Treatment of Pain or Disability	Medical	Oct. 1, 2018
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Medical	Dec. 1, 2018
Warming Therapy and Ultrasound Therapy for Wounds	Medical	Dec. 1, 2018
White Blood Cell Colony Stimulating Factors	Drug	Oct. 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 Advantage policy, reimbursement and guideline changes.

UnitedHealthcare Medicare Advantage Plans: The Care Improvement Plus Plan Name is Changing in 2019

All UnitedHealthcare Medicare Advantage plans that had a Care Improvement Plus plan name in 2018 will change to a UnitedHealthcare plan name on Jan. 1, 2019. This applies to all plans with a Care Improvement Plus plan name in Arkansas, Georgia, Missouri, South Carolina, Texas and Wisconsin. ›

Coverage of Annual Wellness Visits and Routine Physicals

The Annual Wellness Visit (or Personalized Prevention Plan Services) is a yearly visit covered by Original Medicare to develop or update the member's personalized prevention plan. UnitedHealthcare offers the Medicare-covered Annual Wellness Visit to all Medicare Advantage Plan members and an additional Annual Routine Physical Exam to many, but not all, plan members. ›

UnitedHealthcare Medicare Advantage Policy Guideline Updates ›

UnitedHealthcare Medicare Advantage Coverage Summary Updates ›

UnitedHealthcare Medicare Advantage

UnitedHealthcare Medicare Advantage Plans: The Care Improvement Plus Plan Name is Changing in 2019

All UnitedHealthcare Medicare Advantage plans that had a Care Improvement Plus plan name in 2018 will change to a UnitedHealthcare plan name on Jan. 1, 2019. This applies to all plans with a Care Improvement Plus plan name in Arkansas, Georgia, Missouri, South Carolina, Texas and Wisconsin. For specific plan name changes, please refer to the chart below.

How Does This Change Affect Care Providers?

The impact of this change on care providers is minimal. The UnitedHealthcare Administrative Guide and UnitedHealthcare Participation Agreement will continue to be your primary resources. Care providers may notice that starting Jan. 1, 2019, members will have the new UnitedHealthcare plan name on their ID card.

How Does This Change Affect Members?

Starting Jan. 1, 2019, impacted members will have the new UnitedHealthcare plan name on their ID card. They will also see the change in their Annual Notice of Change (ANOC). Members don't have to take any action as a result of this name change.

Care Improvement Plus Plan Name Changes		
State(s)	**2018 Plan Name**	**2019 Plan Name**
AR, GA, MO, SC, TX	Care Improvement Plus Medicare Advantage	UnitedHealthcare MedicareComplete Choice
AR, GA, MO, SC, TX	Care Improvement Plus Silver Rx	UnitedHealthcare Medicare Silver
AR, GA, MO, SC, TX	Care Improvement Plus Gold Rx	UnitedHealthcare Medicare Gold
AR, GA, MO, SC, TX	Care Improvement Plus Dual Advantage	UnitedHealthcare Dual Complete Choice
WI	Care Improvement Plus Gold Rx	UnitedHealthcare MedicareComplete Assist
WI	Care Improvement Plus Medicare Advantage	UnitedHealthcare MedicareComplete Open
WI	Care Improvement Plus Medicare Advantage Premier	UnitedHealthcare MedicareComplete Open Premier

For more information on this change, contact your Provider Advocate.

UnitedHealthcare Medicare Advantage

Coverage of Annual Wellness Visits and Routine Physicals

The Annual Wellness Visit (or Personalized Prevention Plan Services) is a yearly visit covered by Original Medicare to develop or update the member's personalized prevention plan. UnitedHealthcare offers the Medicare-covered Annual Wellness Visit to all Medicare Advantage Plan members and an additional Annual Routine Physical Exam to many, but not all, plan members.

Because Medicare Advantage plan enrollment is based on a calendar year, UnitedHealthcare covers both the Annual Wellness Visit and the Routine Physical once every calendar year, and the visits do not need to be 12 months apart. For example, if a member received their Annual Wellness Visit and/or Routine Physical in October 2018, they don't need to wait until October 2019 for their next visit but can get another one anytime in 2019.

For more information on determining the appropriate submission codes for these wellness visits and other preventive services, visit **UHCprovider.com** > Menu > Health Plans by State > Choose your state > Medicare > Select plan name > Tools & Resources > **Medicare Advantage Preventive Screening Guidelines**.

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 > Policies and Protocols > Medicare Advantage Policies > Policy Guidelines**.

Policy Title
UPDATED/REVISED (Approved on Sept. 12, 2018)
Abortion (NCD 140.1)
Anti-Cancer Chemotherapy for Colorectal Cancer (NCD 110.17)
Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)
Apheresis (Therapeutic Pheresis) (NCD 110.14)
Autologous Cellular Immunotherapy Treatment (NCD 110.22)
Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors (NCD 110.20)
Camptosar® (Irinotecan)
Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (NCD 160.15)
Eloxatin® (Oxaliplatin)
Enteral and Parenteral Nutritional Therapy (NCD 180.2)
Erbitux® (Cetuximab)
Halaven® (Eribulin Mesylate)
Hemophilia Clotting Factors
Home Health Nurses' Visits to Patients Requiring Heparin Injection (NCD 290.2)
Intensive Behavioral Therapy for Obesity (NCD 210.12)
Intravenous Iron Therapy (NCD 110.10)
Jevtana® (Cabazitaxel)
Kidney Disease Education

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on Sept. 12, 2018)
L-Dopa (NCD 160.17)
Nesiritide for Treatment of Heart Failure Patients (NCD 200.1)
Osteogenic Stimulators (NCD 150.2)
Phrenic Nerve Stimulator (NCD 160.19)
Posturography
Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (NCD 150.7)
Prosthetic Shoe (NCD 280.10)
Treatment of Motor Function Disorders with Electric Nerve Stimulation (NCD 160.2)
Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot (NCD 150.6)

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 **October 2018 Medicare Advantage Coverage Summary Update Bulletin** at **UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins**.

Policy Title
UPDATED/REVISED (Approved on Sept. 18, 2018)
Age Related Macular Degeneration (AMD) Therapy (Macugen®, Lucentis®, Avastin® , EYLEA®)
Allergy Testing and Allergy Immunotherapy
Ambulance Services
Artificial Disc Replacement, Cervical and Lumbar
Blepharoplasty and Related Procedures
Blood, Blood Products and Related Procedures and Drugs
Brachytherapy Procedures
Breast Reconstruction Following Mastectomy
Cardiovascular Diagnostic Procedures
Chemotherapy, and Associated Drugs and Treatments
Complementary and Alternative Medicine
Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest
Cosmetic and Reconstructive Procedures
Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)
Gastroesophageal and Gastrointestinal (GI) Services and Procedures
Genetic Testing
Glaucoma Surgical Treatments
Hearing Screening and Audiologist Services

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Coverage Summary Updates

Policy Title
UPDATED/REVISED (Approved on Sept. 18, 2018)
Hyperbaric Oxygen Therapy
Incontinence: Urinary Incontinence and Fecal Incontinence, Diagnosis and Treatments
Infertility Services
Joints and Joint Procedures
Laboratory Tests and Services
Medications/Drugs (Outpatient/Part B)
Mental Health Services and Procedures
Mobility Assistive Equipment (MAE)
Nasal and Sinus Procedures
Neurologic Services and Procedures
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)
Orthopedic Procedures, Devices and Products
Pain Management and Pain Rehabilitation
Physician Services
Prostate: Services and Procedures
Radiologic Therapeutic Procedures
Renal Services and Procedures
Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services
Shoes and Foot Orthotics
Skin Treatment, Services and Procedures
Sleep Apnea: Diagnosis and Treatment
Spine Procedures
Stimulators: Electrical and Spinal Cord Stimulators

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Coverage Summary Updates

Policy Title
UPDATED/REVISED (Approved on Sept. 18, 2018)
Stimulators: Osteogenic Stimulators
Transcatheter Heart Valve Procedures
Transplants: Organ and Tissue Transplants
Uterine Services and Procedures
Varicose Veins Treatment and Other Vein Embolization Procedures
Vision Services, Therapy and Rehabilitation
Wound Treatments

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.

Doing Business Better

Learn about how we make improved health care decisions.

Medical Records Standards

A comprehensive, detailed medical record promotes quality medical care and can help improve patient safety. UnitedHealthcare recommends that you have signed, written policies related to medical records. ›

Appropriate Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder

A medical evaluation is necessary to appropriately diagnose Attention-Deficit/Hyperactivity Disorder (ADHD) and rule out any potential medical causes for the symptoms. The American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry have developed evidence-based clinical practice guidelines to help care providers diagnose ADHD. These clinical practice guidelines should be used along with information from both parents and teachers. ›

Screening for Common Behavioral Health Issues Seen in Primary Care

The U.S. Preventive Services Task Force (USPSTF) recommends that PCPs screen patients for depression, ADHD and alcohol/substance misuse in primary care settings. Screening for these disorders is critical to treatment since it can contribute to the patient's readiness to change. You can help by screening all patients, including adolescents. ›

Treatment for Members with Substance Use Disorder

Substance use disorder is a national problem. Improving treatment for individuals who are diagnosed with substance use disorder helps decrease drug-related illnesses and deaths, encourage appropriate utilization of health care services, and reduce the staggering economic and social costs associated with substance use. ›

Doing Business Better

Medical Records Standards

A comprehensive, detailed medical record is a key to promoting quality medical care and improving patient safety. UnitedHealthcare recommends that you have signed, written policies to include:

1. Maintenance of a single, permanent medical record that is current, organized and comprehensive for each patient and available at each visit.
2. Protection of patient records against loss, destruction, tampering or unauthorized use. This includes having adequate security safeguards in electronic medical records to prevent unauthorized access or alteration of records. Such safeguards must not be able to be overridden or turned off.
3. Periodic staff training regarding confidentiality.
4. Records storage to ensure privacy and security while allowing easy retrieval by authorized persons.
5. Mechanisms for monitoring and handling missed appointments.
6. Medical record documentation standards and performance goals to assess the quality of medical record keeping.

We also expect you to follow these commonly accepted guidelines for medical record information and documentation:

- Include patient's identifying information on each page.
- Help ensure that records reflect all services provided, ancillary services/tests ordered, and all diagnostic/therapeutic services referred by the physician/health care professional. This includes hospital discharge summaries and consultations from other physicians/health care professionals.
- Document physician review of all lab, x-rays, consultation reports, behavioral health reports, ancillary providers' reports, hospital records and outpatient records.
- Make it easy to identify the medical history and include chronic illnesses, accidents, operations, family and social history, cite medical conditions and significant illnesses on a problem list and document clinical findings, evaluation and treatment plan for each visit.
- Include evidence of periodic depression screening.
- Include evidence of appropriate preventive/risk screenings.
- Include documentation of smoking, ETOH and substance use/abuse history beginning at age 11.
- For medication record, include name of medication and dosages. Also, list over-the-counter drugs taken by the member.
- Give prominence to notes on allergies and adverse reactions or note that the member has no known allergies or adverse reactions.
- Date all entries, and identify the authors. Documentation of records generated by word processing software or electronic medical records software should include all authors and their credentials. It should also be apparent from the documentation which individual performed a given service.
- Clearly label additions or corrections to a medical record entry with the author and date of change and maintain the original entry.

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Doing Business Better

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Medical Records Standards

- Generate documentation at the time of service or shortly thereafter.
- Clearly label any documentation generated at a previous visit as previously obtained, if it is included in the current record.
- Prominently display information on advance directives.

Documentation that is not reasonable and necessary for the diagnosis or treatment of an injury or illness or to improve the function of a malformed body member should not be considered when selecting the appropriate level of an E&M service. Only the medically reasonable and necessary services for the condition of the particular patient at the time of the encounter as documented can be considered when selecting the appropriate E&M level.

For more information, contact your Provider Advocate.

Doing Business Better

Appropriate Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder

A medical evaluation is necessary to appropriately diagnose Attention-Deficit/Hyperactivity Disorder (ADHD) and rule out any potential medical causes for the symptoms.

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

Resources

- The National Institute for Children's Health Quality's **Vanderbilt Assessment Scales** are used by health care professionals to help diagnose ADHD in children ages 6-12.
- **CHADD – The National Resource on ADHD** offers resources and tips about all aspects of ADHD and related conditions.

Treatment Plan and Follow-Up Visits

Once an ADHD diagnosis is confirmed, the treatment plan usually includes a combination of behavior modification, pharmacotherapy, parent training and education. You can learn more at **liveandworkwell.com**. Use access code "united" to get started. For information on screening, available therapies and medications, go to Mind and Body > Mental Health > ADHD.

The National Committee for Quality Assurance uses Healthcare Effectiveness Data and Information Set (HEDIS®) data to assess the frequency of follow-up visits for children taking ADHD medication. While some patients may require more frequent monitoring, the following is the minimum recommended follow-up schedule:*

- When children ages 6-12 start medication for ADHD, a visit should be within 30 days.
- Those same children should be seen for at least two additional follow-up visits within nine months of starting treatment.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Doing Business Better

Screening for Common Behavioral Health Issues Seen in Primary Care

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

Depression

Patient Heath Questionnaire (PHQ-9)*
phqscreeners.com/

The Patient Health Questionnaire (PHQ) Screeners site includes downloadable PHQ screeners in several languages to help accurately diagnosis and track improvement of the treatment depression. The site also includes background information about the screeners and scoring instructions, and proposed treatment actions.

Attention Deficit Hyperactivity Disorder (ADHD)

Vanderbilt Assessment Scales
nichq.org/resource/nichq-vanderbilt-assessment-scales

CHADD-the National Resource on ADHD
chadd.org/

The National Institute for Children's Health Quality's (NICHQ) Vanderbilt Assessment Scales are used by health care professionals to help diagnose ADHD in children between ages 6-12. CHADD-the National Resource on ADHD offers resources and tips about all aspects of ADHD and related conditions.

Alcohol/Substance Misuse

National Institute on Alcohol Abuse and Alcoholism

pubs.niaaa.nih.gov/publications/

integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf

crafft.org

The National Institute on Alcohol Abuse and Alcoholism site includes several commonly used alcohol use screeners including the AUDIT-C and CAGE. The Substance Abuse and Mental Health Services Administration (SAMHSA) site includes the CRAFFT tool, which is a substance use screening tool for adolescents ages 12-21.SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The site includes information related to these conditions.

Optum Behavioral Health/United Behavioral Health and UnitedHealthcare have gathered information for you and your patients in treating depression, alcohol/substance use disorders and ADHD:

- ProviderExpress.com – providerexpress.com > Clinical Resources > Behavioral Health Toolkit for Medical Providers and also > Clinical Tools and Quality Initiatives

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

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Screening for Common Behavioral Health Issues Seen in Primary Care

- UHCprovider.com – **UHCprovider.com** > Menu (top left corner) > Resource Library > Behavioral Health Resources
- LiveandWorkWell.com – **liveandworkwell.com** (use access code 'clinician') > Mind & Body > Mental Health OR Substance Use Disorder /Addiction
- LiveandWorkWell Prevention Center: **prevention.liveandworkwell.com**

Call the toll-free number on the back of their member ID card to refer a patient to an Optum network practitioner for assessment and/or treatment. A link to the Optum Clinician Directory is on providerexpress.com > Our Network > Directories.

Doing Business Better

Treatment for Members with Substance Use Disorder

Substance use disorder is a national problem. Nearly 21 million Americans struggle with a substance use disorder. Many millions more misuse alcohol or prescription medications or use illicit drugs each year.[1] Unfortunately, these conditions are vastly undertreated, with only 1 in 10 individuals receiving treatment.[1]

Improving treatment for individuals who are diagnosed with substance use disorder helps decrease drug-related illnesses and deaths, encourage appropriate utilization of health care services, and reduce the staggering economic and social costs associated with substance use.[2]

The first step is to properly identify a substance use disorder. There are several brief and easy-to-administer assessment tools available to help screen patients with potential substance use disorders, including: APA DSM5 Level 2 Substance Use Adult, APA DSM5 Level 2 Substance Use Parent of Child Age 6 to 17, AUDIT-C, CAGE, CAGE-AID and CRAFFT. These screening tools can be accessed at providerexpress.com under "Clinical Resources" in the "Clinical Tools and Quality Initiatives" section.

Once a patient is diagnosed with a substance use disorder, it is important that they get treatment right away. Per the Healthcare Effectiveness Data and Information Set (HEDIS®) standards, individuals who are newly diagnosed should be seen for a follow-up appointment at least within 14 days and then again two more times within 34 days.[3]

No single treatment is appropriate for all individuals. It's best to create a treatment plan that incorporates and builds upon the individual's motivations and strengths. The length of time a person receives care is critical for treatment effectiveness.[4] Care providers can identify others concerned with the patient's well-being and involve them in treatment plans to increase participation. They also can welcome calls from family members and others with whom the patient approves to support their care. And care providers can invite support persons' help in intervening with a patient diagnosed with a substance use disorder.

Treating substance use disorders requires an approach that reflects the complex nature of these chronic medical conditions. Additional information on substance use disorders and patient resources are available on the Behavioral Health Toolkit for Medical Providers on providerexpress.com under "Clinical Resources." On liveandworkwell.com, look under the "Mind & Body" tab for the topic "Substance Use Disorder/Addiction."

[1] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. Available at **surgeongeneral.gov/library/2016alcoholdrugshealth/index.html**.

[2] Substance Abuse and Mental Health Services Administration. (2015). Substance Use Disorders. Retrieved from store.samhsa.gov

[3] National Committee for Quality Assurance (2018). *Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications.*

[4] National Institute on Drug Abuse (2012). Principles of Drug Addiction Treatment: A Research-Based Guide (3rd ed.). Retrieved from drugabuse.gov

UnitedHealthcare Affiliates

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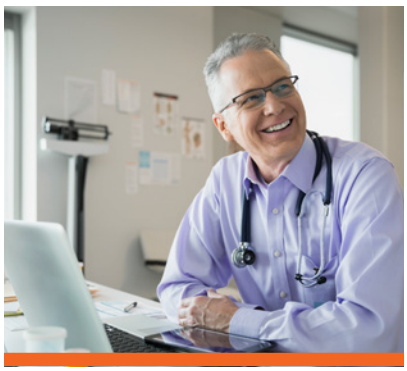

[Oxford® Medical and Administrative Policy Updates](#) ›

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

In December 2017, we let care providers know that we would be taking steps to streamline the administrative experience for UnitedHealthcare Oxford commercial plans. These steps have begun and will continue over the next 24 to 36 months as employer groups renew health coverage for their employees. ›

[UnitedHealthcare West Medical Management Guideline Updates](#) ›

[UnitedHealthcare West Benefit Interpretation Policy Updates](#) ›

UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the October 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		
Par Surgeons Using Non-Par Assistant Surgeons and Co-Surgeons	Reimbursement	Jan. 1, 2019
UPDATED/REVISED		
Acupuncture	Reimbursement	Nov. 1, 2018
B Bundle Codes (CES)	Reimbursement	Nov. 1, 2018
Bariatric Surgery	Clinical	Nov. 1, 2018
Bilateral Procedures	Reimbursement	Nov. 1, 2018
Bilateral Procedures (CES)	Reimbursement	Nov. 1, 2018
Breast Reduction Surgery	Clinical	Oct. 1, 2018
Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	Jan. 1, 2019
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Clinical	Oct. 1, 2018
Core Decompression for Avascular Necrosis	Clinical	Nov. 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Nov. 1, 2018
Drug Coverage Guidelines	Clinical	Nov. 1, 2018
Durable Medical Equipment, Orthotics and Prosthetics	Reimbursement	Jan. 1, 2019
Durable Medical Equipment, Orthotics and Prosthetics (CES)	Reimbursement	Jan. 1, 2019
Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency	Reimbursement	Oct. 1, 2018
Elbow Replacement Surgery (Arthroplasty)	Clinical	Oct. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Clinical	Oct. 1, 2018
From - To Date Policy	Reimbursement	Oct. 1, 2018

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UnitedHealthcare Affiliates

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Functional Endoscopic Sinus Surgery (FESS)	Clinical	Oct. 1, 2018
High Frequency Chest Wall Compression Devices	Clinical	Nov. 1, 2018
Hysterectomy for Benign Conditions	Clinical	Oct. 1, 2018
Ilumya™ (Tildrakizumab)	Clinical	Jan. 1, 2019
Increased Procedural Services (CES)	Reimbursement	Nov. 1, 2018
Injection and Infusion Services (CES)	Reimbursement	Nov. 1, 2018
Lithotripsy for Salivary Stones	Clinical	Oct. 1, 2018
Nerve Graft to Restore Erectile Function During Radical Prostatectomy	Clinical	Oct. 1, 2018
Neurophysiologic Testing and Monitoring	Clinical	Oct. 1, 2018
Obstructive Sleep Apnea Treatment	Clinical	Oct. 1, 2018
One or More Sessions	Reimbursement	Nov. 1, 2018
One or More Sessions (CES)	Reimbursement	Nov. 1, 2018
Onpattro™ (Patisiran)	Clinical	Jan. 1, 2019
Orthognathic (Jaw) Surgery	Clinical	Oct. 1, 2018
Osteochondral Grafting	Clinical	Oct. 1, 2018
Panniculectomy and Body Contouring Procedures	Clinical	Oct. 1, 2018
Percutaneous Vertebroplasty and Kyphoplasty	Clinical	Oct. 1, 2018
Plagiocephaly and Craniosynostosis Treatment	Clinical	Nov. 1, 2018
Pneumatic Compression Devices	Clinical	Oct. 1, 2018
Precertification Exemptions for Outpatient Services	Administrative	Oct. 1, 2018
Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	Nov. 1, 2018
Robotic Assisted Surgery (CES)	Reimbursement	Nov. 1, 2018
Same Day/Same Service	Reimbursement	Oct. 1, 2018
Same Day/Same Service (CES)	Reimbursement	Oct. 1, 2018
Sensory Integration Therapy and Auditory Integration Training	Clinical	Oct. 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Clinical	Oct. 1, 2018

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UnitedHealthcare Affiliates

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Surgical Treatment for Spine Pain	Clinical	Oct. 1, 2018
T Status Codes (CES)	Reimbursement	Nov. 1, 2018
Timeframe Standards for Benefit Administrative Initial Decisions	Administrative	Nov. 1, 2018
Timeframe Standards for Utilization Management (UM) Initial Decisions	Administrative	Nov. 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Clinical	Oct. 1, 2018
Vagus Nerve Stimulation	Clinical	Oct. 1, 2018
Virtual Upper Gastrointestinal Endoscopy	Clinical	Nov. 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 (CT), Inc. and Oxford Health Plans (NJ), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

UnitedHealthcare Affiliates

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

In December 2017, we let care providers know that we would be taking steps to streamline the administrative experience for UnitedHealthcare Oxford commercial plans. These steps have begun and will continue over the next 24 to 36 months as employer groups renew health coverage for their employees.

If you have patients whose employers are renewing their health coverage with a UnitedHealthcare Oxford commercial plan, you'll see some differences in their new member identification (ID) card that we want to remind you about:

- The member's ID number will be **11** digits
- The Group Number will change to be **numeric-only**.
- The website listed on the back of the card is **myuhc.com**.
- The ERA Payer ID number will not change and will remain **06111**.

When your patients see you for care, ask your staff to:

- Check their eligibility each time they visit your office.
- Include their new member ID number on claims or requests for services that require authorization.
- Use the provider website listed on the back of the member's ID card for secure transactions.

For more information about these changes, use this **Quick Reference Guide** and share it with your staff. For more information, please call Provider Services at **800-666-1353**. When you call, provide your National Provider Identifier (NPI) number.

UnitedHealthcare Affiliates

UnitedHealthcare West Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **October 2018 UnitedHealthcare West Medical Management Guidelines Update Bulletin** at **UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Medical Management Guidelines > Medical Management Guideline Update Bulletins**.

Policy Title	Effective Date
TAKE NOTE	
Medical Management Guideline (MMG) Branding Update	
UPDATED/REVISED	
Breast Reduction Surgery	Oct. 1, 2018
Chemotherapy Observation or Inpatient Hospitalization	Oct. 1, 2018
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Oct. 1, 2018
Elbow Replacement Surgery (Arthroplasty)	Oct. 1, 2018
Electric Tumor Treatment Field Therapy	Nov. 1, 2018
Electrical and Ultrasound Bone Growth Stimulators	Oct. 1, 2018
Emergency Health Care Services and Urgent Care Center Services	Oct. 1, 2018
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Oct. 1, 2018
Hysterectomy for Benign Conditions	Oct. 1, 2018
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)	Nov. 1, 2018
Obstructive Sleep Apnea Treatment	Oct. 1, 2018
Oncology Medication Clinical Coverage Policy	Oct. 1, 2018
Orthognathic (Jaw) Surgery	Oct. 1, 2018
Pneumatic Compression Devices	Oct. 1, 2018
Pulmonary Rehabilitation	Nov. 1, 2018
Shoulder Replacement Surgery (Arthroplasty)	Oct. 1, 2018

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UnitedHealthcare Affiliates

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UnitedHealthcare West Medical Management Guideline Updates

Policy Title	Effective Date
UPDATED/REVISED	
Surgical Treatment for Spine Pain	Oct. 1, 2018
Total Knee Replacement Surgery (Arthroplasty)	Oct. 1, 2018
Transcatheter Heart Valve Procedures	Dec. 1, 2018
Unicondylar Spacer Devices for Treatment of Pain or Disability	Oct. 1, 2018
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Nov. 1, 2018
Warming Therapy and Ultrasound Therapy for Wounds	Nov. 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

UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **October 2018 UnitedHealthcare West Benefit Interpretation Policy Update Bulletin** at **UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins**.

Policy Title	Applicable State(s)	Effective Date
TAKE NOTE		
Benefit Interpretation Policy (BIP) Branding Update		
UPDATED/REVISED		
Abortions	All (California, Oklahoma, Oregon, Texas, & Washington)	Nov. 1, 2018
Biofeedback	All	Nov. 1, 2018
Clinical Trials	All	Nov. 1, 2018
Continuity of Care	All	Nov. 1, 2018
Gender Dysphoria (Gender Identity Disorder) Treatment	California, Oregon, & Washington	Oct. 1, 2018
Home Health Care	All	Nov. 1, 2018
Hospice	All	Nov. 1, 2018
Immunizations/Vaccinations	All	Nov. 1, 2018
Transplantation Services	All	Nov. 1, 2018

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Doc#: PCA-1-012522-10082018_10192018