

JANUARY 2019

# 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.



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Stay up to date with the latest news and information.

## [UnitedHealthcare Care Provider Administrative Guide for Commercial and Medicare Advantage](#)

The updated UnitedHealthcare Care Provider Administrative Guide will be available Jan. 1, 2019 on [UHCprovider.com/guides](http://UHCprovider.com/guides). >

## [Go Paperless For a Chance to Win \\$500](#)

Visit [UHCprovider.com/paperless](http://UHCprovider.com/paperless) to learn how to win \$500 for your organization. You have until May 31, 2019 to enter, but if you go paperless now, you'll be entered into more of the monthly drawings. >

## [Radiology Program Procedure Code Changes — Effective Jan. 1, 2019](#)

Beginning Jan. 1, 2019, UnitedHealthcare is updating the procedure code list for the Radiology Notification and Prior Authorization Programs based on code changes made by the American Medical Association (AMA). Claims with dates of service on or after Jan. 1, 2019 are subject to these changes. >



## [New and Updated Procedure Codes for CAR-T Cell Therapy — Effective Jan. 1, 2019](#)

New procedure codes will become effective Jan. 1, 2019 due to updates from the Centers for Medicare & Medicaid Services (CMS). Some new codes for Chimeric Antigen Receptor T-Cell (CAR-T) Therapy may also be subject to prior authorization. >

## [Changes in Advance Notification and Prior Authorization Requirements](#)

Changes in advance notification and prior authorization requirements result from UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. >

## [New Prior Authorization Requirement for In-Patient Cerebral Seizure Video EEG Monitoring](#)

Starting April 1, 2019, UnitedHealthcare will require prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring. This new requirement applies to UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage members. We've implemented this change as part of our commitment toward the Triple Aim of improving health care services, health outcomes and overall cost of care. >

## [HEDIS® Season is Here](#)

Beginning in January 2019, we may contact you to request member-specific medical records. UnitedHealthcare is required by the Centers for Medicare & Medicaid Services (CMS) to collect Healthcare Effectiveness Data and Information Set (HEDIS®) information each year from our participating care providers.

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



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Stay up to date with the latest news and information.



## [Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members](#)

We're making some updates to our requirements for certain specialty medications for many of our UnitedHealthcare commercial, Community Plan and Medicare Advantage members. These requirements are important to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes, and overall cost of care. >

## [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. This change also applies to UnitedHealthcare Community Plan members in Pennsylvania and Texas. This change does not apply to UnitedHealthcare Community Plan members in New Jersey and New York, as announced in the November Network Bulletin. >

## [Pharmacy Update: Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford](#)

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available for UnitedHealthcare commercial plans at [UHCprovider.com/pharmacy](http://UHCprovider.com/pharmacy) >

## [UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates](#)

Beginning April 1, 2019, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members and UnitedHealthcare Community Plan members (excluding Medicare Advantage) in Florida, Maryland, Mississippi, Missouri, New Jersey, New York, Pennsylvania, Rhode Island, Tennessee and Texas. >



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Stay up to date with the latest news and information.

## [Discontinuation of Reimbursement for Codes S9083 and S9088](#)

Beginning April 1, 2019, UnitedHealthcare commercial plans, UnitedHealthcare Oxford and UnitedHealthcare Community Plan in some states will revise their policies to no longer reimburse Healthcare Common Procedure Coding System (HCPCS) S9083, Global Fee Urgent Care Center, to care providers. >

## [Tell Us What You Think of Our Communications](#)

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

## [Dental Clinical Policy & Coverage Guideline Updates](#) >

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# UnitedHealthcare Care Provider Administrative Guide for UnitedHealthcare Commercial and Medicare Advantage

## Updated UnitedHealthcare Care Provider Administrative Guide Available Jan. 1, 2019\*

We post this essential resource for physicians, hospitals, facilities and other health care providers on [UHCprovider.com/guides](http://UHCprovider.com/guides) annually on Jan. 1.

You can view the 2019 Guide as a PDF or webpage at [UHCprovider.com/guides](http://UHCprovider.com/guides). Be sure to save the link to your favorites or download the PDF.

## Quick Reference to UnitedHealthcare Care Provider Administrative Guides Now Available

The updated [Quick Reference to Provider Administrative Guides](#) is available at [UHCprovider.com/guides](http://UHCprovider.com/guides). We developed this resource based on care provider feedback. It contains information that you are likely to need early and often in your relationship with UnitedHealthcare.

You'll see the following changes to the 2019 UnitedHealthcare Care Provider Administrative Guide. This list is not all-inclusive; refer to the updated UnitedHealthcare Care Provider Administrative Guide for specific information.

### New in the 2019 Guide:

- **Medical Prior Authorization Fax Retirement:** Ten fax numbers used for medical prior authorization retired on Jan. 1, 2019 and more will be retired throughout the year. We announced these changes in the [September and October 2018 Network Bulletin](#) and details can be found at [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth).
- **Skilled Nursing Facilities require prior authorization:** For Medicare Advantage members, facilities providing post-acute inpatient services must

request prior authorization for these services and receive a determination from UnitedHealthcare before the member is admitted to a facility or a post-acute care bed in a facility. We provided details in the [October 2018 Network Bulletin](#).

- **Additional Notification Requirements** on patient safety concerns and any external sanctions or corrective actions. Chapter 2: Provider Responsibilities and Standards, page 10.
- **Optum Dual Special Needs (DSNP) Protocol:** Some members enrolled in our DSNP program may be eligible to participate in UnitedHealthcare Dual Special Needs Plans managed by Optum (UnitedHealthcare Optum DSNPs). Optum provides the Optum Dual Special Needs Plan at Home program. For more information, go to our protocol Primary Care Provider (PCP) UnitedHealthcare Optum DSNP Policy on [UHCprovider.com/policies](http://UHCprovider.com/policies). Chapter 4: Medicare Products, page 23.
- **Updating Advance Notifications or Prior Authorizations:** Removed references about changes to previously approved prior authorization during a procedure and after a procedure. For information on when a prior authorization or notification may be updated, go to Chapter 6: Medical Management, page 33.
- **Medicare Advantage Pharmacy Coverage Gap:** Cost shares updated for 2019 per Centers for Medicare & Medicaid Services (CMS) guidelines. Chapter 7: Specialty Pharmacy and Medicare Advantage Pharmacy, page 48.
- **Charging Members Additional Fees for Covered Services:** Care providers may not charge a

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# UnitedHealthcare Care Provider Administrative Guide for UnitedHealthcare Commercial and Medicare Advantage

member additional fees for reductions applied to services/claims resulting from our protocols and/or reimbursement policies. Chapter 10: Compensation, page 69.

- **Member Out of Pocket Maximums:** If you prefer to collect payment at the time of service, you must make a good faith effort to help ensure the member has not exceeded their annual out-of-pocket maximum amount. Chapter 10: Compensation, page 70.
- **All Quality of Care Correspondence is Considered Confidential:** Correspondence from the Quality of Care Department is considered privileged and confidential, and should not to be shared with the patient. Chapter 11: Medical Records Standards and Requirements, page 73.

- **CMS Preclusion List Policy:** The CMS preclusion list applies to claims with dates of service on or after Jan. 1, 2019. The list applies to UnitedHealthcare Medicare Advantage plans and Part D plans. We detailed this in the October 2018 Network Bulletin article [New Preclusion List Policy](#). Chapter 16: Fraud, Waste and Abuse, page 84.
- **Capitated and Delegated Providers:** New steps and deadlines if a member exceeds their maximums. Capitated and Delegated Supplement, page 123.

*\*Except as otherwise noted, the new guide is effective on April 1, 2019 for currently contracted care providers and Jan. 1, 2019 for care providers newly contracted on or after Jan. 1, 2019. This guide applies to UnitedHealthcare commercial and Medicare Advantage plans only.*

### Go Paperless For a Chance to Win \$500

Visit [UHCprovider.com/paperless](http://UHCprovider.com/paperless) to learn how to win \$500 for your organization. You have until May 31, 2019 to enter, but if you go paperless now, you'll be entered into more of the monthly drawings.

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## Radiology Program Procedure Code Changes — Effective Jan. 1, 2019

Beginning Jan. 1, 2019, UnitedHealthcare is updating the procedure code list for the Radiology Notification and Prior Authorization Programs based on code changes made by the American Medical Association (AMA). Claims with dates of service on or after Jan. 1, 2019 are subject to these changes.

The following CPT® codes are being added to the Radiology Notification and Prior Authorization list:

Code	Code Description	Comments
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	New code replacing 77058 (77058 is a deleted code as of Jan. 1, 2019)
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	New code replacing 77059 (77059 is a deleted code as of Jan. 1, 2019)
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	New code replacing 77058 (77058 is a deleted code as of Jan. 1, 2019)
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	New code replacing 77059 (77059 is a deleted code as of Jan. 1, 2019)

The following CPT codes are being deleted from the Radiology Notification and Prior Authorization list:

Code	Code Description	Comments
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Deleted code as of Jan. 1, 2019
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	Deleted code as of Jan. 1, 2019

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



For complete details on this radiology protocol, go to the **UnitedHealthcare Care Provider Administrative Guide** online at [UHCprovider.com](http://UHCprovider.com) > Menu > [Administrative Guides and Manuals](#).



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## New and Updated Procedure Codes for CAR-T Cell Therapy — Effective Jan. 1, 2019

New procedure codes will become effective Jan. 1, 2019 due to updates from the Centers for Medicare & Medicaid Services (CMS). The following new codes for Chimeric Antigen Receptor T-Cell (CAR-T) Therapy are subject to prior authorization. Coverage reviews for CAR-T therapy are managed by Optum Transplant Resource Services through the same process as the transplant of tissue or organs.

- Q2042 – Kymriah (tisagenlecleucel)
- 0537T – CAR-T therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
- 0538T – CAR-T therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
- 0539T – CAR-T therapy; receipt and preparation of CAR-T cells for administration
- 0540T – CAR-T therapy; CAR-T cell administration, autologous

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# Changes in Advance Notification and Prior Authorization Requirements

## Code Replacements to Prior Authorization

The 2019 American Medical Association (AMA) national procedure code changes have been announced. For dates of service on or after **Jan. 1, 2019**, the following prior authorization codes have been deleted and are replaced with procedure code(s) as noted below. This change impacts all UnitedHealthcare entities:

Category	Deleted Code	Replacement Code
Radiology	77058	77046, 77048
Radiology	77059	77047, 77049
BRCA	81211	81163
BRCA	81213	81164
BRCA	81214	81165, 81166
Radiology	C8904	C8937
Radiology	C8907	
Chemotherapy	J9310	J9311, J9312
Injectable medications	C9014, C9032, C9465, C9466, C9493, Q9995	J0567, J3398, J7318, J0517, J1301, J7170
Transplants CAR-T cell therapy	Q2040	

## Code Additions to Prior Authorization

Effective for dates of service on or after **April 1, 2019**, a new code will be added to prior authorization for the following plans: **UnitedHealthcare Commercial Plans** (UnitedHealthcare Mid Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne,

UnitedHealthcare Commercial, UnitedHealthcare of the River Valley and UnitedHealthcare West):

Category	Code
Durable Medical Equipment (DME)	E0986

Effective for dates of service on or after **April 1, 2019**, the following procedure code will require prior authorization for UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, UnitedHealthcare Community Dual Special Needs Plans, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Community Plans-Medicare; and Medica and Preferred Care of Florida health plan), UnitedHealthcare Connected TX (Medicare-Medicaid plan) and MyCare Ohio (Medicare-Medicaid plan):

Category	Code
Stimulators (New)	64590

Effective for dates of service on or after April 1, 2019, the following procedure code will require prior authorization for **UnitedHealthcare Community Plan of Ohio**:

Category	Code
Breast reconstruction (non mastectomy)	19380



Ten fax numbers used for medical prior authorization retired on Jan. 1, 2019 and more will be retired throughout the year. The fax numbers are listed at [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth).

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## Changes in Advance Notification and Prior Authorization Requirements

Effective for dates of service April 1, 2019, the following procedure codes will add additional criteria to the prior authorization requirements for **UnitedHealthcare Community Plan of Texas (StarPlus Plan)**:

Current Category	New Category	Codes Impacted
Orthotics/Prosthetics >\$500	Orthotics/Prosthetics Regardless of Billed Amount	L1810, L1831, L1843, L1932, L1951, L1960, L2280, L2999, L3000, L3010, L3020, L3216, L3221, L3960, L4631, L5000, L5611, L5620, L5624, L5629, L5631, L5637, L5645, L5647, L5649, L5650, L5671, L5673, L5679, L5685, L5700, L5701, L5704, L5705, L5707, L5845, L5910, L5920, L5940, L5962, L5972, L5986, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8035, L8039, L8420, L8499, L8500

Effective for dates of service on or after **April 1, 2019**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan – ALL plans** (excluding UnitedHealthcare Connected-TX (Medicare-Medicaid Plan), UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan), Massachusetts Senior Care Options, and Medicare Advantage/Dual Special Needs plans):

Category	Codes	Additional Information
DME	E0277, E0328, E0329, E0470, E0471, E0486, E0652, E1130, E1825, E2310, E2311, E2512	
Orthotic/Prosthetic	L3763, L4631, L5647, L5649, L5673, L5683, L5700, L5705, L5845, L5962, L5986, L5999	
Sleep Studies – Attended	95805, 95807, 95808, 95810, 95811	Applies only to Mississippi and Maryland plans

### Code Removals from Existing Prior Authorization Categories

Although prior authorization requirements are being removed for certain codes, post-service determinations may still be applicable based on criteria published in medical policies, local/national coverage determination criteria and/or state fee schedule coverage.

Effective immediately, the following codes will not require prior authorization for **UnitedHealthcare Community Plan of Wisconsin (Medicaid)**:

Category	Codes
Experimental & investigational	A9276, A9277, A9278



The most up-to-date Advance Notification lists are available online at [UHCProvider.com/priorauth](https://UHCProvider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.

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# New Prior Authorization Requirement for In-Patient Cerebral Seizure Video EEG Monitoring

Starting April 1, 2019, UnitedHealthcare will require prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring. This new requirement applies to UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage members. We've implemented this change as part of our commitment toward the Triple Aim of improving health care services, health outcomes and overall cost of care.

All requests for this procedure (CPT® code 95951) will be subject to medical necessity and level of care review. Prior authorization isn't required if these procedures are done in an outpatient hospital setting.

## How to Submit a Prior Authorization Request

You can initiate prior authorization requests for dates of service on or after April 1, 2019, online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Sign in to Link by going to [UHCprovider.com](#) and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. This option gives you and your patients the fastest results. You can also use the eligibilityLink tool on Link to verify eligibility and benefits coverage.
- **Phone:** If you're unable to use the Prior Authorization and Notification tool on Link, you can continue to call Provider Services at **877-842-3210** to submit a request by phone.

## Reviewing Prior Authorization Requests

We'll review the request and required clinical records, and contact the care provider and member with our coverage decision. Care providers and members will be contacted by phone and by mail. If coverage is denied, we'll include details on how to appeal within the denial notice.

If you don't submit a prior authorization request and necessary documentation before performing this procedure, the claim will be denied. Care providers can't bill members for services denied due to lack of prior authorization. Members are only responsible for applicable plan cost-sharing.

If a non-participating or non-contracted care provider performs this procedure, members may have to pay additional out-of-pocket costs. Members who don't have out-of-network benefits may be responsible for the entire cost of services obtained from non-participating care providers. This doesn't apply to members with Medicaid or DSNP plans. If a network provider refers a member to a non-participating provider without obtaining prior authorization, the member cannot be billed for the charges and is only responsible for applicable plan cost-sharing.

## We're Here to Help



For more information, contact your local network management representative.

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## HEDIS® Season is Here

Beginning in January 2019, we may contact you to request member-specific medical records. UnitedHealthcare is required by the Centers for Medicare & Medicaid Services (CMS) to collect Healthcare Effectiveness Data and Information Set (HEDIS®) information each year from our participating care providers. In addition to helping us meet CMS requirements, this medical record collection plays a critical role in supporting the care you provide to our members so together we can help them manage existing medical conditions and be more engaged with their preventive health.

Due to the volume of records we need to collect, UnitedHealthcare is working with several health information organizations, including Advantmed, Change Healthcare, and Optum/CiOX to coordinate collection. You may not be contacted, since our members are randomly selected for each HEDIS® collection cycle. If you're contacted by our health care organization, we'll schedule a date for collection or explain the process for submitting records by mail, fax or electronically. We'll send you a list of the requested medical records to help you prepare for the appointment or record submission. If you're contacted, please respond within five business days to indicate your preference for medical record collection.

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



You can find out more about medical record collection by visiting [UHCprovider.com > Menu > Resource Library > Patient Health and Safety > HEDIS®](#).

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# Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

We're making some updates to our requirements for certain specialty medications for many of our UnitedHealthcare commercial, Community Plan and Medicare Advantage members. These requirements are important to provide our members access to care that's medically appropriate as we work toward the Triple Aim of improving health care services, health outcomes, and overall cost of care. These requirements will apply whether members are new to therapy or have already been receiving these medications.

## Review at Launch Reminder

Consider requesting pre-service coverage reviews for medications listed on UnitedHealthcare's Review at Launch [Commercial](#) and [Community Plan](#) Medication Lists. UnitedHealthcare adds certain new drugs to the Review at Launch Commercial or Community Medication Lists once they are approved by the U.S. Food and Drug Administration (FDA). Drugs will remain on the list until we communicate otherwise. Under some benefit plans, a member may not be eligible for coverage for medications on the Review at Launch Commercial Medication List for a period of time. For medications on the list, we encourage you to request pre-service coverage reviews so you can check whether a medication is covered before providing services. Clinical coverage reviews can also help avoid starting a patient on therapy that may later be denied due to lack of medical necessity. Your claims may be denied if a pre-service coverage review is not completed.

## What's Changing for UnitedHealthcare Commercial Plans

The following requirements will apply to UnitedHealthcare commercial plans, including affiliate plans such as UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare

of the River Valley, UnitedHealthcare Oxford, UMR, and Neighborhood Health Partnership:

## Drugs requiring notification/prior authorization

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

For dates of service on or after April 1, 2019, we'll require notification/prior authorization for the following medications:

- **Gamifant** — The FDA recently approved Gamifant for the treatment of primary hemophagocytic lymphohistiocytosis (HLH).
- **Revcovi** — The FDA recently approved Revcovi for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients. ADA-SCID is a rare disease and an inherited genetic disorder caused by an ADA enzyme deficiency. If Revcovi is requested in the outpatient hospital setting, this site of care will be reviewed for medical necessity.
- **C-Codes** — The Centers for Medicare & Medicaid Services (CMS) uses temporary C codes to report

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# Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

drugs and biologicals that must be used by OPPOS (outpatient prospective payment system) facilities when no other HCPCS code is assigned. For injectable medications that require notification/prior authorization, all HCPCS and CPT® codes related to the drug require notification/prior authorization, even when unclassified codes (J3490, J3590, or C9399) or temporary C-codes need to be used. Correct coding rules dictate that assigned and permanent codes should be used when available.

Beginning April 1, 2019, we'll include applicable C-codes on our notification/prior authorization requirement lists and in our medical benefit drug policies. C-codes for injectable medications that currently require prior authorization are:

- Onpattro — C9036

Whether a drug is subject to notification/prior authorization requirements or not, we encourage you to notify us/request prior authorization so you can check if a medication is covered before providing services. If you notify us/request prior authorization, you must wait for our determination before rendering services.

For dates of service before April 1, 2019, **Gamifant** and **Revcovi** have been added to the **Review at Launch Medication List** for UnitedHealthcare commercial plans at [UHCprovider.com/content/dam/provider/docs/public/policies/attachments/review-at-launch-medication-list.pdf](https://uhcprovider.com/content/dam/provider/docs/public/policies/attachments/review-at-launch-medication-list.pdf) through the *Review at Launch for New to Market Medications* drug policy.

## Product and Sourcing update for Hyaluronic Acid Product — Synjoynt

The FDA recently approved **Synjoynt** for the treatment of osteoarthritis of the knee in patients who have

failed conservative noninvasive treatments such as physical therapy and simple pain medicines such as acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. Beginning April 1, 2019, UnitedHealthcare will require that Synjoynt be acquired from a designated specialty pharmacy for members covered by UnitedHealthcare commercial plans. This is the same process currently required for acquisition of Gel-one®, Supartz®, Hyalgan®, Orthovisc®, Gel-Syn®, Gelsyn-3®, Genvisc®, Durolane®, Trivisc and Hymovis®. These requests may be subject to medical policy review as part of benefit coverage review.

In addition, Mid-Atlantic Health Plan, Neighborhood Health Partnership, UnitedHealthcare of the River Valley and Oxford Health Plans (CT and NJ) will require prior authorization/pre-certification for Synjoynt in all places of service for our commercial members beginning April 1, 2019. Failure to obtain preauthorization for Synjoynt may result in non-payment of claims. Requests for retrospective authorization will not be accepted, and charges for these products cannot be billed to members.

## What's Changing for UnitedHealthcare Community Plan

For dates of service on or after April 1, 2019, we'll require prior authorization for the following drugs for UnitedHealthcare Community Plan members:

- **Gamifant**

**Gamifant** has been added to the **Review at Launch Drug List** for UnitedHealthcare Community Plan at [UHCprovider.com/en/policies-protocols/comm-planmedicaid-policies/medicaid-community-state-policies.html](https://uhcprovider.com/en/policies-protocols/comm-planmedicaid-policies/medicaid-community-state-policies.html) through the *Review at Launch for New to Market Medications* drug policy.

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## Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

All codes that would be used to bill for Gamifant will require prior authorization, including any Q or C codes that CMS may assign to this medication. If Gamifant is currently not covered in a state (due to the state agency’s review of the drug), but then becomes covered, prior authorization will be required on coverage in that state as applicable.

Also effective April 1, 2019, we’ll require prior authorization for the following drugs for UnitedHealthcare Community Plan members in certain states:

State	Drug	Program
Iowa	Actemra Entyvio Remicade Orencia Simponi Aria	Prior authorization
Pennsylvania New Jersey	Actemra Entyvio Infliximab (Inflectra, Remicade, Renflexis) Orencia Simponi Aria	Prior authorization plus site of care review for the outpatient hospital setting.

For dates of service before April 1, 2019, we encourage you to request pre-service coverage reviews so you can check whether a medication is covered before providing services. If you request a pre-service coverage review, you must wait for our determination before rendering the service.

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

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## Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial, Community Plan and Medicare Advantage Members

### New and Updated Procedure Codes for Injectable Medications – Effective Jan. 1, 2019

New procedure codes will take effect Jan. 1, 2019 due to updates from CMS. Correct coding rules dictate that assigned and permanent codes should be used when available. The following injectable medications that may be subject to prior authorization and/or Administrative Guide Protocols will have new codes:

- Brineura – J0567
- Crysvisa – J0584
- Durolane – J7318
- Fasentra – J0517
- Hemlibra – J7170
- Ilumya – J3245
- Kymriah – Q2042

- Luxturna – J3398
- Mepsevii – J3397
- Onpattro – C9036
- Radicava – J1301
- Triptodur – J3316
- TriVisc – J7329
- Trogarzo – J1746

**Panzyga** (immune globulin intravenous, human –ifas) should be submitted on claims with code J1599, Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg. Panzyga was added to the Immune globulin (IVIG and SCIG) medical drug policy upon FDA approval. J1599 requires prior authorization for UnitedHealthcare commercial and Community plan members.

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial plans. Go to [UHCprovider.com/pharmacy](https://UHCprovider.com/pharmacy).

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

Beginning 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 Pennsylvania and Texas. Any active prior authorizations requested through the former process will remain in place. This change does not apply to UnitedHealthcare Community Plan members in New Jersey and New York, as announced in the November Network Bulletin.
- Prior authorization will be required for injectable chemotherapy and cancer therapy starting Feb. 1, 2019, for UnitedHealthcare Community Plan members in Louisiana. For UnitedHealthcare Community Plan in Louisiana, if the member receives injectable chemotherapy drugs in an outpatient setting from Nov. 1, 2018 through Jan. 31, 2019, you DO NOT need to submit a prior authorization request until a new chemotherapy drug will be administered. We'll authorize the chemotherapy regimen the member was receiving prior to Feb. 1, 2019, and the authorization will be effective until Jan. 31, 2020 unless a change in treatment is needed.
- 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 website to process these authorization requests. Prior authorization/notification requests for UnitedHealthcare Oxford and Medicare members will continue to be requested through 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 (Nivestym™) Q5110
  - Filgrastim-sndz (Zarxio®) Q5101
  - Pegfilgrastim (Neulasta®) J2505
  - Pegfilgrastim-jmdb (Fulphila™) Q5108
  - Sargramostim (Leukine®) J2820
  - Tbo-filgrastim (Granix®) J1447
  - Pegfilgrastim-cbqv, biosimilar, (Udenyca), Q5111
- 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.

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

We'll offer training sessions and overviews of the Optum process beginning Jan. 22, 2019.

- The training schedule will be available at [UHCprovider.com](#) > Prior Authorization and Notification > Oncology > [Prior Authorization for Chemotherapy and Related Cancer Therapies](#). You'll also find frequently asked questions, quick references guides and other resources at this site.

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## UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

Beginning April 1, 2019, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members and UnitedHealthcare Community Plan members (excluding Medicare Advantage) in Florida, Maryland, Mississippi, Missouri, New Jersey, New York, Pennsylvania, Rhode Island, Tennessee and Texas.\*

New CPT® codes included in the program:

CPT Code	Description
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, common and select rare variants (i.e., *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) (Use 0071U in conjunction with 0070U)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) (Use 0072U in conjunction with 0070U)
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure) (Use 0073U in conjunction with 0070U)

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**UnitedHealthcare Genetic and Molecular Testing Prior Authorization/ Notification Updates**

CPT Code	Description
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) (Use 0074U in conjunction with 0070U)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 5' gene duplication/multiplication) (List separately in addition to code for primary procedure) (Use 0075U in conjunction with 0070U)
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure) (Use 0076U in conjunction with 0070U)
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (i.e., ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
81167	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81173	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
81174	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
81177	ATN1 (atrophin 1) (e.g., dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81178	ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81179	ATXN2 (ataxin 2) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81180	ATXN3 (ataxin 3) (e.g., spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81181	ATXN7 (ataxin 7) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles

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**UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates**

CPT Code	Description
81183	ATXN10 (ataxin 10) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; full gene sequence
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; known familial variant
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81188	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81189	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; full gene sequence
81190	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; known familial variant(s)
81204	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (e.g., expanded size or methylation status)
81233	BTK (Bruton's tyrosine kinase) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., C481S, C481R, C481F)
81234	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., diffuse large B-cell lymphoma) gene analysis, common variant(s) (e.g., codon 646)
81239	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; characterization of alleles (e.g., expanded size)
81271	HTT (huntingtin) (e.g., Huntington disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81274	HTT (huntingtin) (e.g., Huntington disease) gene analysis; characterization of alleles (e.g., expanded size)
81284	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
81285	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; characterization of alleles (e.g., expanded size)
81286	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; full gene sequence
81289	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; known familial variant(s)

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**UnitedHealthcare Genetic and Molecular Testing Prior Authorization/ Notification Updates**

CPT Code	Description
81305	MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
81306	NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis, common variant(s) (e.g., *2, *3, *4, *5, *6)
81312	PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81320	PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., R665W, S707F, L845F)
81329	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; dosage/deletion analysis (e.g., carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
81333	TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis, common variants (e.g., R124H, R124C, R124L, R555W, R555Q)
81336	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; full gene sequence
81337	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; known familial sequence variant(s)
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81344	TBP (TATA box binding protein) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81345	TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (e.g., promoter region)
81443	Genetic testing for severe inherited conditions (e.g., cystic fibrosis, Ashkenazi Jewish-associated disorders [e.g., Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (e.g., ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy

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

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## Discontinuation of Reimbursement for Codes S9083 and S9088

Beginning April 1, 2019, UnitedHealthcare commercial plans, UnitedHealthcare Oxford and UnitedHealthcare Community Plan in some states will revise their policies to no longer reimburse Healthcare Common Procedure Coding System (HCPCS) S9083, Global Fee Urgent Care Center, to care providers. Code S9083 is informational on the category of service, urgent care, not the specific service(s) provided. Consistent with CPT and the Centers for Medicare & Medicaid Services, physicians and other health care professionals should report the evaluation and management, and/or procedure code, that specifically describes the services provided.

In addition, beginning April 1, 2019, UnitedHealthcare Community Plan will revise the Payment Policy to no longer reimburse HCPCS S9088, Services Provided in an Urgent Care Center, to care providers in some states.

The following chart shows states impacted by these code changes:

State	UnitedHealthcare Commercial & Oxford (S9083)	UnitedHealthcare Commercial & Oxford (S9083)
Connecticut	X	—
Maine	X	—
Massachusetts	X	X
New Hampshire	X	—
Rhode Island	X	X
Vermont	X	—

### 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](https://uhcresearch.az1.qualtrics.com/jfe/form/SV_08sAsRnUY2Kb153). Thank you for your time.



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# Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [December 2018 UnitedHealthcare Dental Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Dental Clinical Policies and Coverage Guidelines > Dental Policy Update Bulletins](#).

Policy Title	Policy Type
<b>TAKE NOTE</b>	
<a href="#">Annual CDT® Code Updates</a>	
<b>NEW (Effective Jan. 1, 2019)</b>	
<a href="#">Dental Care Services in an Operating Room or Ambulatory Surgery Center</a>	Coverage Guideline

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



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

## [UnitedHealthcare NexusACO® Benefit Plans are Growing in 2019](#)

Membership in the UnitedHealthcare NexusACO benefit plans is growing. Starting Jan. 1, 2019, even more members will have access to the UnitedHealthcare NexusACO products. >

## [Jan. 1, 2019 Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouper Mapping](#)

On Jan. 1, 2019, code updates will be made to the current UnitedHealthcare 2018 Outpatient Procedure Grouper (OPG) mapping. >



## [Update to UnitedHealthcare Commercial Opioid Programs](#)

Beginning Jan. 1, 2019, coverage for opioid prescriptions filled at any pharmacy location will be limited to a 30-day supply. Previously, OptumRx Home Delivery Pharmacy prescriptions had a 30-day supply limit as of July 1, 2018. Now the limit applies to retail pharmacies as well. >

## [UnitedHealthcare Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates](#)

## [Site of Care Reviews for Certain Advanced Outpatient Imaging Procedures — REVISED EFFECTIVE DATE: Feb. 1, 2019](#)

The October 2018 Network Bulletin announced that as of Jan. 1, 2019, for certain MR/CT imaging procedures, a medical necessity review for the site of care will occur for UnitedHealthcare commercial members. To allow time for additional communication and optimal rollout, site of care medical necessity reviews for certain MR/CT imaging procedures will be delayed by 30 days. The new launch date will be Feb. 1, 2019. >

[UnitedHealthcare Commercial](#)

# UnitedHealthcare NexusACO® Benefit Plans are Growing in 2019

Membership in the UnitedHealthcare NexusACO benefit plans is growing. Starting Jan. 1, 2019, even more members will have access to the UnitedHealthcare NexusACO products.

UnitedHealthcare NexusACO is an accountable care organization (ACO) focused tiered product. Nationally, ACOs in certain markets have been selected to be included in Tier 1 for the UnitedHealthcare NexusACO benefit plans. While UnitedHealthcare NexusACO members can receive benefits for services from all UnitedHealthcare NexusACO participating care providers, the members may have higher out-of-pocket costs when getting care from UnitedHealthcare NexusACO participating care providers who are not in Tier 1.



Tier 1 care providers will have the Tier 1 graphic by their name in the UnitedHealthcare NexusACO care provider directory. If you're not sure if you're a NexusACO Tier 1 care provider, you can check at [UHCprovider.com](http://UHCprovider.com) > Menu > [Find a Care Provider](#) > NexusACO Care Provider Directory.

## Health Plan Key Features

UnitedHealthcare NexusACO includes two benefit plans — NexusACO R and NexusACO OA — and both require that the member select a primary care physician (PCP).

- NexusACO R requires referrals
- NexusACO OA doesn't require referrals

Refer to the member ID card to identify the member's benefit plan. The ID card will also show if a referral is required. Standard prior authorization and notification requirements, listed in [UnitedHealthcare Administrative Guide](#), apply.



If UnitedHealthcare NexusACO is available in your area, you can find more information at [UHCprovider.com](http://UHCprovider.com) > Menu > Health Plans by State > choose your state > UnitedHealthcare NexusACO. You can also watch an on-demand video overview of NexusACO — go to [UHCprovider.com/uhconair](http://UHCprovider.com/uhconair) to learn more.

[UnitedHealthcare Commercial](#)

# Jan. 1, 2019 Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouper Mapping

On Jan. 1, 2019, the following code updates will be made to the current UnitedHealthcare 2018 Outpatient Procedure Grouper (OPG) mapping:

- **Expired codes** — 24 OPG 0-10 codes expire on Dec. 31, 2018. The codes will be deleted from the UnitedHealthcare OPG Exhibit on Jan. 1, 2019. An additional 6 OPG unlisted codes expire and will be deleted as well.
- **Newly Published codes** — 57 OPG 0-10 codes will be added to the UnitedHealthcare OPG Exhibit on Jan. 1, 2019. An additional 1 OPG unlisted codes will be added as well.

There are no other grouper level assignment changes to existing codes. For reimbursement under the OPG, UnitedHealthcare requires the appropriate line level CPT/Healthcare Common Procedure Coding System (HCPCS) code, in addition to the revenue code, when billing for outpatient procedures.



The updated 2018 UnitedHealthcare OPG Exhibit is available at [UHCprovider.com/claims](https://UHCprovider.com/claims) under the Outpatient Procedure Grouper Exhibits section.

## Update to UnitedHealthcare Commercial Opioid Programs

Beginning Jan. 1, 2019, coverage for opioid prescriptions filled at any pharmacy location will be limited to a 30-day supply. Previously, OptumRx Home Delivery Pharmacy prescriptions had a 30-day supply limit as of July 1, 2018. Now the limit applies to retail pharmacies as well. For more information about additional opioid programs, visit [UHCprovider.com](https://UHCprovider.com) > Menu > Resources > Drug Lists & Pharmacy.

[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 [December 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
<b>TAKE NOTE</b>		
<a href="#">Annual CPT® and HCPCS Code Updates</a>		
<b>UPDATED/REVISED</b>		
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Medical	Jan. 1, 2019
<a href="#">Athletic Pubalgia Surgery</a>	Medical	Dec. 1, 2018
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Medical	Jan. 1, 2019
<a href="#">Balloon Sinus Ostial Dilation</a>	Medical	Jan. 1, 2019
<a href="#">Botulinum Toxins A and B</a>	Drug	Dec. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Medical	Dec. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Medical	Dec. 1, 2018
<a href="#">Clinical Trials</a>	CDG	Dec. 1, 2018
<a href="#">Computed Tomographic Colonography</a>	Medical	Dec. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Medical	Dec. 1, 2018
<a href="#">Core Decompression for Avascular Necrosis</a>	Medical	Dec. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Medical	Dec. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	Dec. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Medical	Dec. 1, 2018
<a href="#">Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements</a>	CDG	Jan. 1, 2019

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#"><u>Electrical Bioimpedance for Cardiac Output Measurement</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</u></a>	Medical	Jan. 1, 2019
<a href="#"><u>Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Enzyme Replacement Therapy</u></a>	Drug	Dec. 1, 2018
<a href="#"><u>Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Femoroacetabular Impingement Syndrome</u></a>	Medical	Jan. 1, 2019
<a href="#"><u>Gastrointestinal Motility Disorders, Diagnosis and Treatment</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>High Frequency Chest Wall Compression Devices</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Home Traction Therapy</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Intrauterine Fetal Surgery</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Laser Interstitial Thermal Therapy</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Lithotripsy for Salivary Stones</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</u></a>	Medical	Jan. 1, 2019
<a href="#"><u>Motorized Spinal Traction</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Nerve Graft to Restore Erectile Function During Radical Prostatectomy</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Neurophysiologic Testing and Monitoring</u></a>	Medical	Jan. 1, 2019
<a href="#"><u>Occipital Neuralgia and Headache Treatment</u></a>	Medical	Jan. 1, 2019
<a href="#"><u>Onpattro™ (Patisiran)</u></a>	Drug	Dec. 1, 2018
<a href="#"><u>Plagiocephaly and Craniosynostosis Treatment</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Platelet Derived Growth Factors for Treatment of Wounds</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Preterm Labor Management</u></a>	Medical	Dec. 1, 2018
<a href="#"><u>Preventive Care Services</u></a>	CDG	Jan. 1, 2019

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Medical	Dec. 1, 2018
<a href="#">Self-Administered Medications</a>	Drug	Dec. 1, 2018
<a href="#">Sensory Integration Therapy and Auditory Integration Training</a>	Medical	Dec. 1, 2018
<a href="#">Specialty Medication Administration – Site of Care Review Guidelines</a>	URG	Jan. 1, 2019
<a href="#">Thermography</a>	Medical	Dec. 1, 2018
<a href="#">Virtual Upper Gastrointestinal Endoscopy</a>	Medical	Dec. 1, 2018
<a href="#">Visual Information Processing Evaluation and Orthoptic and Vision Therapy</a>	Medical	Dec. 1, 2018
<a href="#">Warming Therapy and Ultrasound Therapy for Wounds</a>	Medical	Dec. 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Medical	Jan. 1, 2019

**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](#)

# Site of Care Reviews for Certain Advanced Outpatient Imaging Procedures — REVISED EFFECTIVE DATE: Feb. 1, 2019

The October 2018 Network Bulletin announced that as of Jan. 1, 2019, for certain MR/CT imaging procedures, a medical necessity review for the site of care will occur for UnitedHealthcare commercial members. To allow time for additional communication and optimal rollout, site of care medical necessity reviews for certain MR/CT imaging procedures will be delayed by 30 days. The new launch date will be Feb. 1, 2019. Please see details below.

UnitedHealthcare aims to minimize out-of-pocket costs for UnitedHealthcare members and to improve cost efficiencies for the overall health care system. For dates of service on or after Feb. 1, 2019, once prior authorization is requested for certain advanced outpatient imaging procedures pursuant to our Outpatient Radiology Notification/Prior Authorization Protocol, we'll review the site of care. We will issue a medical necessity determination for the site of care, under the terms of the member's benefit plan, if permitted by state law and if the procedure will be performed in an outpatient hospital setting. We're also implementing a utilization review guideline to facilitate our site of care reviews. Starting Feb. 1, 2019, the guideline will be available at [UHCprovider.com/policies > Commercial Policies > \*\*Medical & Drug Policies and Coverage Determinations for UnitedHealthcare Commercial Plans\*\*](#). Until then, you can find it in the October Medical Policy Update at

[UHCprovider.com > 10/01/2018 — \*\*UnitedHealthcare Commercial Medical Policy Update: October 2018\*\*](#).

We will not conduct site of care reviews if the procedure is planned to be performed in a free-standing diagnostic radiology center or an office setting.

Site of care reviews will apply to providers in all states, except Alaska, Iowa, Kentucky, Utah and Wisconsin.

Site of Care reviews will apply to UnitedHealthcare commercial benefit plans, including exchange benefit plans and the following benefit plans:

- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley
- UnitedHealthcare

Site of care reviews will apply to the following procedure codes, which are currently subject to notification/prior authorization requirements:

MR	CT
70336, 70540, 70542, 70543 70544, 70545, 70546, 70547 70548, 70549	70450, 70460, 70470, 70480
70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552	70481, 70482, 70486, 70487, 70488

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**UnitedHealthcare Commercial**

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**Site of Care Reviews for Certain Advanced Outpatient Imaging Procedures — REVISED EFFECTIVE DATE: Feb. 1, 2019**

MR	CT
72141, 72142, 72146, 72147, 72148, 72149	70490, 70491, 70492, 70496, 70498
72156, 72157, 72158, 72195, 72196, 72197	71250, 71260, 71270, 71275
73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723	72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194
74181, 74182, 74712, 74713, 75557, 75559	73200, 73201, 73202, 73206
75561, 75563, 76498, 77021	73700, 73701, 73702
77084, 71555, 72159*, 72198	73706, 74150, 74160, 74170
73225*, 73725, 74183, 74185	74174, 74175, 74176, 74177, 74178
77046, 77047, 77048, 77049	74261, 74262, 74263*
C8900, C8901, C8902, C8903	75571*, 75572, 75573, 75574
C8905, C8906	75635, 76380
C8908, C8909, C8910, C8911	76497, S8092*, G0297
C8912, C8913, C8914, C8918	
G0297, C8919, C8920, C8931*	
C8932*, C8933*, C8934*	
C8935*, C8936*	
S8037*, S8042*	



To view a complete list of procedure codes for which notification/prior authorization is required pursuant to our Outpatient Radiology Notification/Prior Authorization Protocol, please visit: [UHCprovider.com](http://UHCprovider.com) > Prior Authorization and Notification > [Radiology](#).

As a reminder, care providers are not required to complete the notification/prior authorization process for any advanced outpatient imaging procedure rendered in the emergency room, urgent care center, observation unit or during an inpatient stay.

You may complete the notification/prior authorization process or confirm a coverage decision online or by phone:

- Online at [UHCprovider.com/radiology](http://UHCprovider.com/radiology). Select the Go to Prior Authorization and Notification App, or
- Call **866-889-8054** (7 a.m. to 7 p.m., local time, Monday – Friday)



# UnitedHealthcare Reimbursement Policies

Learn about policy changes and updates.

## [Coordinated Commercial Reimbursement Policy Announcement](#)

UnitedHealthcare will implement several commercial reimbursement policy enhancements. >

## [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](#)

# Coordinated Commercial Reimbursement Policy Announcement

The following chart contains an overview of the policy changes and their effective dates for the following policy: **Evaluation and Management (E/M) Policy**.

Policy	Effective Date	Summary of Change
<b>Evaluation and Management (E/M) Policy</b>	Quarter 2, 2019	<ul style="list-style-type: none"> <li>The Evaluation and Management (E/M) Policy provides guidance on the selection of E/M, including information for scoring and interpretation of services defined by E/M procedure codes.</li> <li>The selection of the appropriate level of complexity and level of service must be reflected in the medical record documentation.</li> <li>Currently, providers submitting claims for E/M services may have their E/M code denied when the medical record documentation does not support the E/M level submitted.</li> <li>Effective Quarter 2, 2019, providers may experience adjustments to the submitted level 4 or 5 E/M code to reflect an appropriate level E/M code or may receive a denial based on the medical record documentation.</li> </ul>



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



## [UnitedHealthcare Community Plan Significantly Expanded Dual Special Needs Program – UnitedHealthcare Dual Complete](#)

On Jan. 1, 2019, UnitedHealthcare began serving eligible members in a Dual Special Needs Plan (DSNP) – UnitedHealthcare Dual Complete, a Medicare Advantage plan – in almost 250 new counties across the United States. This expansion includes two states new to the Dual Complete offering, Kentucky and Maryland, and 16 states that will include new service areas. >

## [UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement](#)

As previously announced, 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 (excluding Medicare Advantage) in Maryland, Michigan, Missouri, New York, Rhode Island, Tennessee and Texas. UnitedHealthcare Community Plan members (excluding Medicare Advantage) in Florida, New Jersey and Pennsylvania, originally scheduled to deploy on Feb. 1, will now deploy on April 1, 2019. >

## [Outpatient Injectable Cancer Therapy Prior Authorization Requirement for UnitedHealthcare Community Plan in California and Iowa](#)

Effective April 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Community Plan members in California and Iowa. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. >

## [UnitedHealthcare Community Plan 1st Quarter 2019 Preferred Drug List](#)

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



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

## [Cultural Competency Training for Care Providers](#)

Cultural competency is a set of skills we're required to disclose about care providers who see Medicaid members. You may already have completed cultural competency training as part of requirements for obtaining privileges at the hospital/facility where you practice. The good news is that training counts toward cultural competency training for UnitedHealthcare Community Plan as well. >

## [Maryland HealthChoice Provider Enrollment Requirement](#)

The Maryland Department of Health (MDH) now requires all care providers who bill for services provided to HealthChoice Medical Assistance Program (Medicaid) recipients to enroll in the electronic Provider Revalidation and Enrollment Portal (ePREP). Care providers must register and maintain their demographic information with UnitedHealthcare and the ePREP portal to receive reimbursement. >

## [Urgent Care Centers: Payment Policy Change for Codes S9083 and S9088](#)

Effective April 1, 2019, UnitedHealthcare Community Plan in Tennessee will no longer reimburse certain HCPCS codes. These codes are informational and merely indicate the type of reimbursement and place of service. These codes do not adequately describe the specific service(s) provided. The affected HCPCS codes are S9083 (Global Fee Urgent Care Center) and S9088 (Services provided in an urgent care center). >

## [UnitedHealthcare Community Plan Medical Policy, Medical Benefit Drug Policy and Coverage Determination Guideline Updates](#) >

[UnitedHealthcare Community Plan](#)

# UnitedHealthcare Community Plan Significantly Expanded Dual Special Needs Program — UnitedHealthcare Dual Complete

On Jan. 1, 2019, UnitedHealthcare began serving eligible members in a Dual Special Needs Plan (DSNP) — United Healthcare Dual Complete, a Medicare Advantage plan — in almost 250 new counties across the United States. This expansion includes two states new to the Dual Complete offering, Kentucky and Maryland, and 16 states with new service areas. DSNP is a Medicare Advantage plan for members who qualify for both Medicare and Medicaid. DSNPs are a specialized type of Medicare Advantage Prescription Drug Plan (MAPD) and must follow existing Centers for Medicare & Medicaid Services (CMS) rules.

Here's a list of these states and counties that launched the plan on Jan. 1, 2019:

**New State: Kentucky** — Boone, Bullitt, Campbell, Fayette, Franklin, Hardin, Jefferson, Jessamine, Kenton, Larue, Madison, Marion, Nelson, Oldham, Shelby, Spencer and Woodford

**New State: Maryland** — Montgomery

**Colorado** — Larimer

**Delaware** — Kent and Sussex

**Iowa** — Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Mills, Monroe, Muscatine, Pottawattamie, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington, Wayne and Webster

**Louisiana** — Acadia, Assumption, Bienville, Bossier, Caddo, Claiborne, De Soto, Evangeline, Iberia, Lafayette, Ouachita, Pointe Coupee, Rapides, Red River, St. Landry, St. Mary, Vermilion, Webster and West Feliciana

**Michigan** — Allegan, Barry, Bay, Calhoun, Kalamazoo, Kent, Mecosta, Montcalm, Newaygo, Ottawa, Saginaw, Sanilac, St. Joseph and Van Buren

**Mississippi** — George, Holmes, Lawrence, Marion, Quitman, Scott, Simpson, Smith, Stone and Yazoo

**Missouri** — Andrew, Audrain, Barry, Barton, Bates, Caldwell, Camden, Carroll, Clinton, Cooper, Howard, Iron, Madison, Maries, McDonald, Moniteau, Monroe, Montgomery, Pike, St. Clair and Vernon

**Nebraska** — Adams, Buffalo, Burt, Dodge, Gage, Hall, Madison, Otoe, Saline, Saunders, Seward and Washington

**New Mexico** — Chaves, Colfax, Curry, Quay and Torrance

**New York** — Allegany, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Genesee, Greene, Hamilton, Herkimer, Lewis, Livingston, Madison, Montgomery, Ontario, Orleans, Oswego, Putnam, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Warren, Washington, Wayne, Wyoming and Yates

**Ohio** — Knox, Richland, Ross, Scioto and Washington

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## [UnitedHealthcare Community Plan](#)

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### UnitedHealthcare Community Plan Significantly Expanded Dual Special Needs Program — UnitedHealthcare Dual Complete

**Oklahoma** — Adair, Cherokee, Craig, Creek, Delaware, Grady, Muskogee, Osage, Seminole, Sequoyah, Tulsa and Wagoner

**Pennsylvania** — Cumberland, Forest, Franklin, Huntingdon, Jefferson, Juniata, Monroe, Perry, Snyder, Susquehanna, Venango and Wyoming

**Texas** — Anderson, Bandera, Cherokee, Clay, Cooke, Delta, Ector, Falls, Fannin, Hill, Hopkins, Howard, Hunt, Matagorda, Medina, Midland, Montague, Rains, Red River, Starr, Tom Green, Wharton, Wise and Zavala

**Washington** — Benton, Walla Walla and Whatcom

**Wisconsin** — Clark, Door, Iron, Juneau and Lafayette

The UnitedHealthcare Dual Complete Program will reimburse claims according to your UnitedHealthcare contractual Medicare Advantage payment appendix.



Visit [UHCprovider.com](https://UHCprovider.com) for additional information on the Dual Complete Plan.

[UnitedHealthcare Community Plan](#)

# UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

As previously announced, 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 (excluding Medicare Advantage) in Maryland, Michigan, Missouri, New York, Rhode Island, Tennessee and Texas. UnitedHealthcare Community Plan members (excluding Medicare Advantage) in Florida, New Jersey and Pennsylvania, originally scheduled to deploy on Feb. 1, will now deploy on April 1, 2019.

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 choose the test and the lab to perform the test. Ordering providers will need to submit requests for tests that require authorization. Labs may submit their own notification requests for tests that only require notification.

The following will require notification/prior authorization:

- 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
  - 0018U – 0019U
  - 0022U – 0023U
  - 0026U – 0034U
  - 0036U – 0037U
  - 0040U
  - 0045U – 0050U
  - 0055U – 0057U
  - 0060U

- 0004M
- 0006M – 0007M
- 0009M
- 0011M – 0013M
- 81105 – 81111
- 81120 – 81121
- 81161 – 81420
- 81425 – 81479
- 81507
- 81519 – 81521
- 81545
- 81595 – 81599
- S3870

You'll get a decision right away when you submit your request online 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](https://UHCprovider.com/genetics). Determinations for notification/ prior authorization requests will be made based on UnitedHealthcare's clinical policy requirements for coverage. Our clinical policies are at [UHCprovider.com/policies](https://UHCprovider.com/policies).



[UnitedHealthcare Community Plan](#)

# Outpatient Injectable Cancer Therapy Prior Authorization Requirement for UnitedHealthcare Community Plan in California and Iowa

Effective April 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Community Plan members in California and Iowa. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests.

To submit an online request for prior authorization, sign in to Link and access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology + Oncology” box. After answering two short questions about the state you work, you will be directed to another website to process these authorization requests.

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 (Nivestym™) Q5110
  - Filgrastim-sndz (Zarxio®) Q5101
  - Pegfilgrastim (Neulasta®) J2505
  - Pegfilgrastim-jmdb (Fulphila™) Q5108
  - Sargramostim (Leukine®) J2820
  - Tbo-filgrastim (Granix®) J1447
  - Pegfilgrastim-cbqv, biosimilar, (Udenyca), Q5111

- 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.

For UnitedHealthcare Community Plan in California, if the member receives injectable chemotherapy drugs in an outpatient setting from Jan. 1, 2019 through March 31, 2019, you DO NOT need to submit a prior authorization request until a new chemotherapy drug will be administered. We'll authorize the chemotherapy regimen the member was receiving prior to April 1, 2019, and the authorization will be effective until March 31, 2020 unless a change in treatment is needed.

[UnitedHealthcare Community Plan](#)

# UnitedHealthcare Community Plan 1st Quarter 2019 Preferred Drug List

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

Not all medications will be added, modified or deleted in each state, so check the state’s PDL for a state-specific list of preferred drugs. You may also view the changes at [UHCprovider.com](http://UHCprovider.com) > Menu > [Health Plans by State](#) [select your state].

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

- Call or fax the pharmacy.
- Use e-Script.
- Write a new prescription and give it directly to the member.

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

Changes will be effective Jan. 1, 2019 for Arizona, California, Florida – Florida Healthy Kids, Hawaii, Maryland, Mississippi, Nebraska, Nevada, New Jersey, New York, Ohio, Pennsylvania, Rhode Island and Virginia. The changes will be effective Feb. 1, 2019 for Louisiana.

These changes don’t apply to UnitedHealthcare Community Plans in Florida Managed Managed Medicaid, Iowa, Kansas, Michigan, Texas and Washington.

## PDL Additions

Brand Name	Generic Name	Comments
Erleada™	Apalutamide tablet	Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty pharmacy.
Firvanq™	Vancomycin powder for oral solution	Indicated for the treatment of <i>Clostridium difficile</i> -associated diarrhea and enterocolitis caused by <i>Staphylococcus aureus</i> . Diagnosis required.
Nocdurna®	Desmopressin acetate sublingual tablet	Indicated for the treatment of nocturnal polyuria. Prior authorization required.

## PDL Modifications

Brand Name	Generic Name	Comments
Lyrica®	Pregabalin capsule and oral solution	Remove prior authorization for seizure disorder only. Diagnosis required.
Regranex®	Becaplermin gel	Remove prior authorization. Diagnosis required.

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[UnitedHealthcare Community Plan](#)

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## UnitedHealthcare Community Plan 1st Quarter 2019 Preferred Drug List

### PDL Modifications

Brand Name	Generic Name	Comments
Breo Ellipta	Fluticasone furoate/ vilanterol trifenate inhaler	Fluticasone/salmeterol (authorized generic of AirDuo RespiClick®) is an alternate option. Current users will not be grandfathered.
Linzess®	Linaclotide capsule	Trulance® is an alternate option. Current users will not be grandfathered.
Toujeo®	Insulin glargine pen	Basaglar® is an alternate option. Current users will not be grandfathered.
Vancocin	Vancomycin capsule	Firvanq is an alternate option. Current users will be grandfathered through the remainder of their current course of therapy.
Zenpep®	Pancrelipase delayed- release capsule	Creon® is an alternate option. Current users with cystic fibrosis will be grandfathered. Patients using Zenpep for indications other than cystic fibrosis will not be grandfathered.

### PDL Update Training on UHC On Air

Go to UHC On Air to check out an on-demand video highlighting this quarter's more impactful PDL changes:

- UnitedHealthcare Link users can access UHC On Air by selecting the UHC On Air tile on their Link dashboard. From there, go to your state and click on UnitedHealthcare Community Plan. You'll find the Preferred Drug List Q1 Update in the video listings.
- To access Link, sign in to [UHCprovider.com](https://UHCprovider.com) by clicking the Link button in the top right corner. If you don't have access to Link, select the New User button.



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

[UnitedHealthcare Community Plan](#)

# Cultural Competency Training for Care Providers

Cultural competency is a set of skills we're required to disclose about care providers who see Medicaid members. The training for cultural competency covers a broad range of topics.

You may already have completed cultural competency training as part of requirements for obtaining privileges at the hospital/facility where you practice. The good news is that training counts toward cultural competency training for UnitedHealthcare Community Plan as well.

We request information from the following areas from our network care providers to have updated cultural competency information, which we include in provider directories:

- Communications skills: interpreter services (CS)
- Communications skills: language availability (CLA)
- Communications skills: soft skills (CSS)
- Financially Challenged Patients (FCP)
- Homeless (HL)
- LGBT communities (LGB)
- People with disabilities (PWD)
- Refugee or immigrant patients (RIP)
- Senior care (SC)
- Unspecified (UNS)

We also ask care providers to attest to cultural competencies available to their patients and update this information as it changes. Care providers with access to My Patient Profile can update this information online. Periodically, you may receive a request from us to update your demographic information. The information we request includes a section for cultural competency skills and services you provide to certain populations.

## Resources on cultural competency

For more information — including quick reference guides and videos to help with using My Practice Profile — visit [UHCprovider.com/mpp](http://UHCprovider.com/mpp).



If you need information about cultural competency, visit [UHCprovider.com](http://UHCprovider.com) or the Health and Human Services website at [cccm.thinkculturalhealth.hhs.gov](http://cccm.thinkculturalhealth.hhs.gov).



If you have questions, call Provider Services at **877-842-3210**.

[UnitedHealthcare Community Plan](#)

# Maryland HealthChoice Provider Enrollment Requirement

The Maryland Department of Health (MDH) now requires all care providers who bill for services provided to HealthChoice Medical Assistance Program (Medicaid) recipients to enroll in the electronic Provider Revalidation and Enrollment Portal (ePREP). Care providers must register and maintain their demographic information with UnitedHealthcare and the ePREP portal to receive reimbursement.

## What You Need to Do

Care Providers should visit the [MDH ePREP](#) website and do the following:

1. Create a user profile.
2. Create and/or join a business profile
3. Confirm provider type and association with UnitedHealthcare Community Plan
4. Complete the ePREP application

## Claims Processing Action

1. List only registered National Provider Identifiers and care provider types on claims.
2. Update service locations, telephone numbers and panel status in ePREP as changes occur.

Care providers who don't enroll, or whose information is out of date, may not be paid for services to Maryland HealthChoice recipients. The care provider's network participation status may also be impacted as this lack of action is a breach of the UnitedHealthcare Provider Agreement.

## ePREP Resources

The Maryland Department of Health has resources to help with ePREP enrollment:

- Webinar and training: [MDH ePREP Website](#)
- Frequently asked questions: [MDH ePREP FAQ](#)
- Sign up for portal access: [ePREP portal](#)



For more information, call the Maryland Department of Health Provider Enrollment HelpLine at **844-4MD-PROV (844-463-7768)**, Monday – Friday, 7 a.m. – 7 p.m., except state holidays.



You also can send an email to [MDProviderRelations@automated-health.com](mailto:MDProviderRelations@automated-health.com).

[UnitedHealthcare Community Plan](#)

# Urgent Care Centers: Payment Policy Change for Codes S9083 and S9088

We've revised our UnitedHealthcare Community payment policies for urgent care services. Effective April 1, 2019, UnitedHealthcare Community Plan in Tennessee will no longer reimburse certain Healthcare Common Procedure Coding System (HCPCS) codes. These codes are informational and indicate the type of reimbursement and place of service. These codes do not adequately describe the specific service(s) provided.

The affected HCPCS codes are:

- **S9083:** Global Fee Urgent Care Center
- **S9088:** Services provided in an urgent care center

## What You Need to Know

Instead of billing S9083 or S9088, please bill the applicable CPT® codes for the evaluation and management and/or procedure services you performed. Also, please include a place of service code to report where services were rendered. Charges for S9083 or S9088 billed on a claim will be denied.

## Reimbursement Policy

The reimbursement policy for our Medicaid plans are posted on [UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan > \[Non-Covered Codes and Covered Codes Policy, Professional – Reimbursement Policy\]\(#\)](#). They're listed in alphabetical order. After accepting the Terms and Conditions to view the policy for your state, scroll to the policy you need to view.

### 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. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

[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 [December 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
<b>TAKE NOTE</b>		
<a href="#">Annual CPT® and HCPCS Code Updates</a>		
<b>UPDATED/REVISED</b>		
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Medical	Feb. 1, 2019
<a href="#">Actemra® (Tocilizumab) Injection for Intravenous Infusion</a>	Drug	Dec. 1, 2018
<a href="#">Athletic Pubalgia Surgery</a>	Medical	Dec. 1, 2018
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Medical	Feb. 1, 2019
<a href="#">Balloon Sinus Ostial Dilation</a>	Medical	Feb. 1, 2019
<a href="#">Botulinum Toxins A and B</a>	Drug	Dec. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Medical	Dec. 1, 2018
<a href="#">Carrier Testing for Genetic Diseases</a>	Medical	Dec. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Medical	Dec. 1, 2018
<a href="#">Computed Tomographic Colonography</a>	Medical	Dec. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Medical	Dec. 1, 2018
<a href="#">Core Decompression for Avascular Necrosis</a>	Medical	Dec. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Medical	Dec. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	Dec. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Medical	Dec. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Medical	Dec. 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
<b>UPDATED/REVISED</b>		
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Medical	Feb. 1, 2019
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Medical	Dec. 1, 2018
<a href="#">Entyvio® (Vedolizumab)</a>	Drug	Dec. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Drug	Dec. 1, 2018
<a href="#">Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</a>	Medical	Dec. 1, 2018
<a href="#">Femoroacetabular Impingement Syndrome</a>	Medical	Feb. 1, 2019
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Medical	Dec. 1, 2018
<a href="#">High Frequency Chest Wall Compression Devices</a>	Medical	Dec. 1, 2018
<a href="#">Home Traction Therapy</a>	Medical	Dec. 1, 2018
<a href="#">Infliximab (Remicade®, Inflectra™, Renflexis™)</a>	Drug	Dec. 1, 2018
<a href="#">Intrauterine Fetal Surgery</a>	Medical	Dec. 1, 2018
<a href="#">Laser Interstitial Thermal Therapy</a>	Medical	Dec. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Medical	Dec. 1, 2018
<a href="#">Lithotripsy for Salivary Stones</a>	Medical	Dec. 1, 2018
<a href="#">Motorized Spinal Traction</a>	Medical	Dec. 1, 2018
<a href="#">Nerve Graft to Restore Erectile Function During Radical Prostatectomy</a>	Medical	Dec. 1, 2018
<a href="#">Occipital Neuralgia and Headache Treatment</a>	Medical	Feb. 1, 2019
<a href="#">Onpattro™ (Patisiran)</a>	Drug	Dec. 1, 2018
<a href="#">Orencia® (Abatacept) Injection for Intravenous Infusion</a>	Drug	Dec. 1, 2018
<a href="#">Plagiocephaly and Craniosynostosis Treatment</a>	Medical	Dec. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Medical	Dec. 1, 2018
<a href="#">Preterm Labor Management</a>	Medical	Dec. 1, 2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Medical	Dec. 1, 2018
<a href="#">Sensory Integration Therapy and Auditory Integration Training</a>	Medical	Dec. 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
<b>UPDATED/REVISED</b>		
<a href="#">Simponi Aria® (Golimumab) Injection for Intravenous Infusion</a>	Drug	Dec. 1, 2018
<a href="#">Thermography</a>	Medical	Dec. 1, 2018
<a href="#">Virtual Upper Gastrointestinal Endoscopy</a>	Medical	Dec. 1, 2018

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



# UnitedHealthcare Medicare Advantage

Learn about Medicare policy  
and guideline changes.

## [Members Get Guidance on Topics to Discuss with Care Providers](#)

Beginning in December 2018, UnitedHealthcare members were mailed pamphlets as a helpful guide on topics to discuss with their care providers as they make appointments in 2019. Your patients may bring this checklist to you during their next office visit. >

## [UnitedHealthcare Medicare Advantage Policy Guideline Updates](#) >

## [UnitedHealthcare Medicare Advantage Coverage Summary Updates](#) >



[UnitedHealthcare Medicare Advantage](#)

# Members Get Guidance on Topics to Discuss with Care Providers

As a UnitedHealthcare care provider, you provide a truly exceptional health care experience every step of the way. You provide personal guidance and solutions to help UnitedHealthcare members navigate the complexities of health care and make it easier for them to get the care, tests and treatment needed as quickly as possible.

Beginning in December 2018, UnitedHealthcare members were mailed pamphlets as a helpful guide on topics to discuss with their care providers as they make appointments in 2019. Your interaction with your patients plays a key role in impacting their experience and overall health. Here is a sample of the topics guide that patients may bring to you:

**Talking with your doctor or care provider is important to your health.**

Use this checklist as a helpful guide on topics to discuss with your doctor or care provider at your next appointment. It can help you get the answers you need right away.

<p><b>GETTING NEEDED CARE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concerns with getting the care, tests or treatments you need</li> <li><input type="checkbox"/> Scheduling routine care appointments in advance</li> <li><input type="checkbox"/> Where and how to get urgent care when you need it right away</li> <li><input type="checkbox"/> Coordinating the care you are receiving from other doctors or specialists</li> <li><input type="checkbox"/> Difficulties getting appointments with a specialist, if needed</li> </ul> <p><b>TESTS AND TREATMENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When you will get results from labs, X-rays or other tests</li> <li><input type="checkbox"/> You can also discuss the screenings mentioned on the front or any other health concerns.</li> </ul>	<p><b>PRESCRIPTION DRUGS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any questions with the prescription medications you are taking</li> <li><input type="checkbox"/> Issues getting the medicines your provider prescribes</li> <li><input type="checkbox"/> Ask your pharmacist/doctor if a 3-month supply of your maintenance medications would be right for you.</li> </ul> <p><b>IMPORTANT CARE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How to reduce the risk of falls</li> <li><input type="checkbox"/> Issues related to bladder control and potential treatment options</li> <li><input type="checkbox"/> Suggestions on how to improve your physical activity</li> <li><input type="checkbox"/> Ways to improve feeling sad or blue</li> <li><input type="checkbox"/> If you smoke or use tobacco, suggestions on how to quit smoking</li> </ul>
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If you have any questions or need further information, contact your Network Provider Advocate.

[UnitedHealthcare Medicare Advantage](#)

# UnitedHealthcare Medicare Advantage Policy Guideline Updates

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

Policy Title
<b>NEW (Approved on Nov. 14, 2018)</b>
<a href="#">Prostate Rectal Spacers</a>
<b>UPDATED/REVISED (Approved on Nov. 14, 2018)</b>
<a href="#">Cardiointegram (CIG) as an Alternative to Stress Test or Thallium Stress Test (NCD 20.27)</a>
<a href="#">Challenge Ingestion Food Testing (NCD 110.12)</a>
<a href="#">Chelation Therapy for Treatment of Atherosclerosis (NCD 20.21)</a>
<a href="#">Colony Stimulating Factors</a>
<a href="#">Diagnostic Endocardial Electrical Stimulation (Pacing) (NCD 20.12)</a>
<a href="#">Displacement Cardiography (NCD 20.24)</a>
<a href="#">Electrocardiographic Services (NCD 20.15)</a>
<a href="#">Epidural Injection</a>
<a href="#">Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (NCD 110.21)</a>
<a href="#">Erythropoietin Stimulating Agent (ESA)</a>
<a href="#">Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment of Atherosclerosis (NCD 20.22)</a>
<a href="#">External Electrocardiographic Recording</a>
<a href="#">Hair Analysis (NCD 190.6)</a>
<a href="#">Hyperbaric Oxygen Therapy (NCD 20.29)</a>
<a href="#">Infrared Therapy Devices (NCD 270.6)</a>
<a href="#">Infusion Pumps (NCD 280.14)</a>
<a href="#">Intravenous Histamine Therapy (NCD 30.6)</a>
<a href="#">Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine) (NCD 260.7)</a>

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**UnitedHealthcare Medicare Advantage**

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**UnitedHealthcare Medicare Advantage Policy Guideline Updates**

<b>Policy Title</b>
<b>UPDATED/REVISED (Approved on Nov. 14, 2018)</b>
<a href="#"><u>Peridex CAPD Filter Set (NCD 230.13)</u></a>
<a href="#"><u>Plethysmography (NCD 20.14)</u></a>
<a href="#"><u>Routine Costs in Clinical Trials (NCD 310.1)</u></a>
<a href="#"><u>Screening for Hepatitis C Virus (HCV) in Adults (NCD 210.13)</u></a>
<a href="#"><u>Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)</u></a>
<a href="#"><u>Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)</u></a>
<a href="#"><u>Transfer Factor for Treatment of Multiple Sclerosis (NCD 160.20)</u></a>
<a href="#"><u>Transportation Services</u></a>
<a href="#"><u>Ultrafiltration Monitor (NCD 230.14)</u></a>
<a href="#"><u>Ultrafiltration, Hemoperfusion and Hemofiltration (NCD 110.15)</u></a>
<a href="#"><u>Vagus Nerve Stimulation (VNS) (NCD 160.18)</u></a>
<b>RETIRED (Approved on Nov. 14, 2018)</b>
HIS Bundle Study (NCD 20.13)

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[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 [December 2018 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

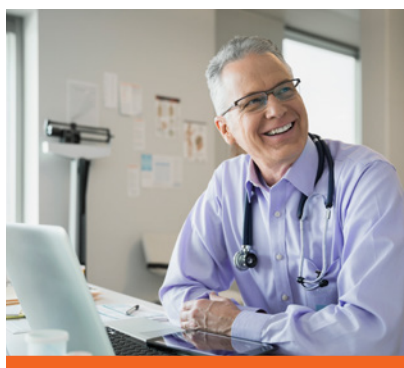
Policy Title
<b>TAKE NOTE</b>
<a href="#">Annual CPT® and HCPCS Code Updates</a>
UPDATED/REVISED (Approved on Nov. 20, 2018)
<a href="#">Cardiac Pacemakers and Defibrillators</a>
<a href="#">Family Planning (Birth Control)</a>
<a href="#">Foot Care Services</a>
<a href="#">Glaucoma Surgical Treatments</a>
<a href="#">Hearing Aids, Auditory Implants and Related Procedures</a>
<a href="#">Hyperbaric Oxygen Therapy</a>
<a href="#">Mobility Assistive Equipment (MAE)</a>
<a href="#">Ostomy Supplies</a>
<a href="#">Positron Emission Tomography (PET)/Combined PET-CT (Computed Tomography)</a>
<a href="#">Radiologic Therapeutic Procedures</a>
<a href="#">Services While Confined/Incarcerated</a>
<a href="#">Spine Procedures</a>
<a href="#">Vertebral Artery Surgery</a>

**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

Learn about updates with our company partners.



[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 >](#)

[UnitedHealthcare Affiliates](#)

# Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [December 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
<b>TAKE NOTE</b>		
<a href="#">Annual CPT® and HCPCS Code Updates</a>		
<b>NEW</b>		
<a href="#">Negative Pressure Wound Therapy</a>	Clinical	Jan. 1, 2019
<a href="#">Par Surgeons Using Non-Par Assistant Surgeons and Co-Surgeons</a>	Administrative	Jan. 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)</a>	Clinical	Dec. 1, 2018
<a href="#">Ablative Treatment for Spinal Pain</a>	Clinical	Jan. 1, 2019
<a href="#">Athletic Pubalgia Surgery</a>	Clinical	Dec. 1, 2018
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Clinical	Dec. 1, 2018
<a href="#">Autologous Chondrocyte Transplantation in the Knee</a>	Clinical	Dec. 1, 2018
<a href="#">Balloon Sinus Ostial Dilation</a>	Clinical	Dec. 1, 2018
<a href="#">Behavioral Health Services</a>	Administrative	Jan. 1, 2019
<a href="#">Botulinum Toxins A and B</a>	Clinical	Dec. 1, 2018
<a href="#">Breast Reconstruction Post Mastectomy</a>	Clinical	Dec. 1, 2018
<a href="#">Breast Repair/Reconstruction Not Following Mastectomy</a>	Clinical	Dec. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Clinical	Dec. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Clinical	Dec. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Clinical	Dec. 1, 2018
<a href="#">Core Decompression for Avascular Necrosis</a>	Clinical	Dec. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Clinical	Dec. 1, 2018

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**UnitedHealthcare Affiliates**

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Clinical	Dec. 1, 2018
<a href="#">Dental and Oral Surgical Procedures</a>	Clinical	Dec. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Clinical	Dec. 1, 2018
<a href="#">Drug Coverage Criteria - New and Therapeutic Equivalent Medications</a>	Clinical	Jan. 1, 2019
<a href="#">Drug Coverage Guidelines</a>	Clinical	Dec. 1, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	Jan. 1, 2019
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Clinical	Dec. 1, 2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Clinical	Jan. 1, 2019
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Clinical	Dec. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Clinical	March 1, 2019
<a href="#">Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</a>	Clinical	Dec. 1, 2018
<a href="#">Femoroacetabular Impingement Syndrome Treatment</a>	Clinical	Jan. 1, 2019
<a href="#">Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood</a>	Clinical	Dec. 1, 2018
<a href="#">Formula &amp; Specialized Food</a>	Administrative	Jan. 1, 2019
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Clinical	Dec. 1, 2018
<a href="#">Genetic Testing for Hereditary Cancer</a>	Clinical	Jan. 1, 2019
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Clinical	Jan. 1, 2019
<a href="#">High Frequency Chest Wall Compression Devices</a>	Clinical	Dec. 1, 2018
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Clinical	Dec. 1, 2018
<a href="#">Home Traction Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Clinical	Jan. 1, 2019
<a href="#">Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines</a>	Clinical	Jan. 1, 2019
<a href="#">Intrauterine Fetal Surgery</a>	Clinical	Dec. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Laser Interstitial Thermal Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Clinical	Dec. 1, 2018
<a href="#">Lithotripsy for Salivary Stones</a>	Clinical	Dec. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Clinical	Jan. 1, 2019
<a href="#">Motorized Spinal Traction</a>	Clinical	Dec. 1, 2018
<a href="#">Nerve Graft to Restore Erectile Function During Radical Prostatectomy</a>	Clinical	Dec. 1, 2018
<a href="#">Neurophysiologic Testing and Monitoring</a>	Clinical	Jan. 1, 2019
<a href="#">Obstructive Sleep Apnea Treatment</a>	Clinical	Jan. 1, 2019
<a href="#">Office Based Program</a>	Clinical	Dec. 1, 2018
<a href="#">Omnibus Codes</a>	Clinical	Jan. 1, 2019
<a href="#">Onpattro™ (Patisiran)</a>	Clinical	Jan. 1, 2019
<a href="#">Orencia® (Abatacept) Injection for Intravenous Infusion</a>	Clinical	Dec. 1, 2018
<a href="#">Oxford's Outpatient Imaging Self-Referral</a>	Clinical	Jan. 1, 2019
<a href="#">Plagiocephaly and Craniosynostosis Treatment</a>	Clinical	Dec. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Clinical	Dec. 1, 2018
<a href="#">Preterm Labor Management</a>	Clinical	Dec. 1, 2018
<a href="#">Preventive Care Services</a>	Clinical	Jan. 1, 2019
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Clinical	Dec. 1, 2018
<a href="#">Radicava™ (Edaravone)</a>	Clinical	Dec. 1, 2018
<a href="#">Rituxan® (Rituximab)</a>	Clinical	Dec. 1, 2018
<a href="#">Sandostatin LAR® Depot (Octreotide Acetate)</a>	Clinical	Dec. 1, 2018
<a href="#">Sensory Integration Therapy and Auditory Integration Training</a>	Clinical	Dec. 1, 2018
<a href="#">Simponi Aria® (Golimumab) Injection for Intravenous Infusion</a>	Clinical	Dec. 1, 2018
<a href="#">Skin and Soft Tissue Substitutes</a>	Clinical	Dec. 1, 2018
<a href="#">Sodium Hyaluronate</a>	Clinical	Jan. 1, 2019
<a href="#">Specialty Medication Administration - Site of Care Review Guidelines</a>	Clinical	Jan. 1, 2019
<a href="#">Synagis® (Palivizumab)</a>	Clinical	Dec. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Thermography</a>	Clinical	Dec. 1, 2018
<a href="#">Virtual Upper Gastrointestinal Endoscopy</a>	Clinical	Dec. 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Clinical	Jan. 1, 2019
<a href="#">Xolair® (Omalizumab)</a>	Clinical	Dec. 1, 2018

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Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), 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 [UHCprovider.com](http://UHCprovider.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 [December 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
<b>TAKE NOTE</b>	
<a href="#">Annual CPT® and HCPCS Code Updates</a>	
<b>UPDATED/REVISED</b>	
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Jan. 1, 2019
<a href="#">Athletic Pubalgia Surgery</a>	Dec. 1, 2018
<a href="#">Attended Polysomnography for Evaluation of Sleep Disorders</a>	Jan. 1, 2019
<a href="#">Balloon Sinus Ostial Dilation</a>	Jan. 1, 2019
<a href="#">Breast Repair/Reconstruction Not Following Mastectomy</a>	Dec. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Dec. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Dec. 1, 2018
<a href="#">Clinical Trials</a>	Dec. 1, 2018
<a href="#">Computed Tomographic Colonography</a>	Dec. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Dec. 1, 2018
<a href="#">Core Decompression for Avascular Necrosis</a>	Dec. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Dec. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Dec. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Dec. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Dec. 1, 2018
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Jan. 1, 2019

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**UnitedHealthcare Affiliates**

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**UnitedHealthcare West Medical Management Guideline Updates**

<b>Policy Title</b>	<b>Effective Date</b>
<b>UPDATED/REVISED</b>	
<a href="#"><u>Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</u></a>	Dec. 1, 2018
<a href="#"><u>Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</u></a>	Dec. 1, 2018
<a href="#"><u>Femoroacetabular Impingement Syndrome</u></a>	Jan. 1, 2019
<a href="#"><u>Gastrointestinal Motility Disorders, Diagnosis and Treatment</u></a>	Dec. 1, 2018
<a href="#"><u>High Frequency Chest Wall Compression Devices</u></a>	Dec. 1, 2018
<a href="#"><u>Home Traction Therapy</u></a>	Dec. 1, 2018
<a href="#"><u>Intensive Behavioral Therapy for Autism Spectrum Disorder</u></a>	Dec. 1, 2018
<a href="#"><u>Intrauterine Fetal Surgery</u></a>	Dec. 1, 2018
<a href="#"><u>Laser Interstitial Thermal Therapy</u></a>	Dec. 1, 2018
<a href="#"><u>Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</u></a>	Dec. 1, 2018
<a href="#"><u>Lithotripsy for Salivary Stones</u></a>	Dec. 1, 2018
<a href="#"><u>Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)</u></a>	Dec. 1, 2018
<a href="#"><u>Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</u></a>	Jan. 1, 2019
<a href="#"><u>Motorized Spinal Traction</u></a>	Dec. 1, 2018
<a href="#"><u>Nerve Graft to Restore Erectile Function During Radical Prostatectomy</u></a>	Dec. 1, 2018
<a href="#"><u>Neurophysiologic Testing and Monitoring</u></a>	Jan. 1, 2019
<a href="#"><u>Occipital Neuralgia and Headache Treatment</u></a>	Jan. 1, 2019
<a href="#"><u>Plagiocephaly and Craniosynostosis Treatment</u></a>	Dec. 1, 2018
<a href="#"><u>Platelet Derived Growth Factors for Treatment of Wounds</u></a>	Dec. 1, 2018
<a href="#"><u>Preterm Labor Management</u></a>	Dec. 1, 2018
<a href="#"><u>Preventive Care Services</u></a>	Jan. 1, 2019
<a href="#"><u>Prolotherapy for Musculoskeletal Indications</u></a>	Dec. 1, 2018
<a href="#"><u>Sensory Integration Therapy and Auditory Integration Training</u></a>	Dec. 1, 2018
<a href="#"><u>Specialty Medication Administration – Site of Care Review Guidelines</u></a>	Jan. 1, 2019
<a href="#"><u>Thermography</u></a>	Dec. 1, 2018
<a href="#"><u>Virtual Upper Gastrointestinal Endoscopy</u></a>	Dec. 1, 2018

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## [UnitedHealthcare Affiliates](#)

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## UnitedHealthcare West Medical Management Guideline Updates

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
<a href="#">Visual Information Processing Evaluation and Orthoptic and Vision Therapy</a>	Dec. 1, 2018
<a href="#">Warming Therapy and Ultrasound Therapy for Wounds</a>	Dec. 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Jan. 1, 2019

**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 [December 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)
<b>UPDATED/REVISED (Effective Jan. 1, 2019)</b>	
<a href="#">Cosmetic, Reconstructive, or Plastic Surgery</a>	All (California, Oklahoma, Oregon, Texas, & Washington)
<a href="#">Family Planning: Birth Control</a>	Oklahoma, Oregon, Texas, & Washington
<a href="#">Habilitative Services</a>	All
<a href="#">Member Initiated Second and Third Opinion</a>	All
<a href="#">Pain Management</a>	All
<a href="#">Pervasive Developmental Disorder and Autism Spectrum Disorder</a>	All
<a href="#">Telemedicine/Telehealth Services/Virtual Visits</a>	All

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





# State News

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



## [Appointment Standards for the State of Maryland](#)

The care providers who are contracted with UnitedHealthcare play an essential role in helping our plan members get the primary, urgent, preventive and specialty care they need, at the moment they need it. To help ensure our plan members have timely access to care, the State of Maryland requires carriers' compliance with appointment standards. >

## [Reminder on Reimbursement for Maternity Services in New Jersey](#)

Pursuant to the State of New Jersey Department of Banking and Insurance regulation N.J.A.C. 11:22-9, New Jersey licensed obstetrical providers can elect to receive reimbursement for maternity services either globally or in installments. If you'd like to receive your payments for maternity services in installments, complete and return the Maternity Installment Payments Election Form by Jan. 31, 2019. >

## [Appointment Standards for the State of Connecticut](#)

UnitedHealthcare's network care providers play an essential role in helping ensure members have appropriate access to primary, urgent, preventive and specialty care. To help ensure timely member access to care, the State of Connecticut requires compliance with appointment standards. >

**[State News](#)**

# Appointment Standards for the State of Maryland

The care providers who are contracted with UnitedHealthcare play an essential role in helping our plan members get the primary, urgent, preventive and specialty care they need, at the moment they need it. To help ensure our plan members have timely access to care, the State of Maryland requires carriers' compliance with the following appointment standards:

Type of Service	Standard
Urgent care – including medical, behavioral health and substance use disorder services	Within 72 hours of the member contacting the care provider
Routine primary care	Within 15 calendar days of the member contacting the care provider
Preventive visit/well visit	Within 30 calendar days of the member contacting the care provider
Non-urgent specialty care	Within 30 calendar days of the member contacting the care provider
Non-urgent behavioral health/substance use disorder services	Within 10 calendar days of the member contacting the care provider



If you have questions, please contact Provider Relations at [md\\_dc\\_provider\\_relations@uhc.com](mailto:md_dc_provider_relations@uhc.com).

## [State News](#)

# Reminder on Reimbursement for Maternity Services in New Jersey

Pursuant to the State of New Jersey Department of Banking and Insurance regulation N.J.A.C. 11:22-9, New Jersey licensed obstetrical providers can elect to receive reimbursement for maternity services either globally or in installments.

If you'd like to receive your payments for maternity services in installments, please complete and return the Maternity Installment Payments Election Form by Jan. 31, 2019. If you don't want to change your current reimbursement arrangement, no action by you is required.



For more information, go to [UHCprovider.com/en/health-plans-by-state/new-jersey-health-plans/nj-commercial-plans.html](https://UHCprovider.com/en/health-plans-by-state/new-jersey-health-plans/nj-commercial-plans.html).

[State News](#)

## Appointment Standards for the State of Connecticut

UnitedHealthcare's network care providers play an essential role in helping ensure members have appropriate access to primary, urgent, preventive and specialty care. To that end, we have established standards for appointment access and after-hours care, which you can find in the UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com](https://UHCprovider.com) > Menu > Administrative Guides.

To help ensure timely member access to care, the State of Connecticut requires compliance with the following appointment standards:

Type of Service	Standard
Urgent care	Within 48 hours of the member contacting the care provider
Non-urgent appointments for primary care	Within 10 business days of the member contacting the care provider
Non-urgent appointments for specialist care	Within 15 business days of the member contacting the care provider
Non-urgent for non-physical mental health	Within 10 business days of the member contacting the care provider
Non-urgent for ancillary services	Within 15 business days of the member contacting the care provider



This protocol is available at [UHCprovider.com](https://UHCprovider.com)  
> Menu > Policies and Protocols > Protocols >  
[Appointment Standards for the State  
of Connecticut](#).

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