

FEBRUARY 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.

[UHCTransitions Will Become UHCCareConnect and Be Available through Link](#)

The tool available to track your patients' progress through their care journey will be more powerful and easier to use. Starting Feb. 18, 2019, UHCTransitions will become UHCCareConnect and be available through Link — the portal you use for prior authorizations, claim submissions and other patient care management functions. >

[Reminder: Non-Participating Providers Consent Form](#)

The Non-Participating Providers Consent Form is a tool you use to help your patients in the decision-making process when referring to non-participating care providers. This policy helps make patients covered by applicable commercial plans aware of the potential increased out-of-pocket costs associated with the decision to use such care providers and it outlines potential administrative actions for non-compliance. >



[Win \\$500 in Our Go Paperless Sweepstakes](#)

You've seen how our paperless options can make a positive environmental and financial impact to you and the planet. Now we're giving you a chance to put more green in your pocket with our Go Paperless sweepstakes. >

[Link Self-Service Updates and Enhancements](#)

We're continuously making improvements to Link tools to better support your needs >

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

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

[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. >

[MiniMed™ 670G System from Medtronic More Widely Available](#)

The MiniMed™ system from Medtronic is our preferred insulin pump for adults and children age 7 and older who are receiving a prescription for a pump for the first time, given the safety, quality and lower cost it offers. UnitedHealthcare pediatric patients who are currently using a non-Medtronic pump may remain on that pump in conjunction with the physician's treatment plan. There is no change to coverage for members currently on an insulin pump and receiving supplies. Similarly, there is no change for the use of non-durable insulin pumps such as tubeless pumps. >



Front & Center

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

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Effective May 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Arizona, California, Ohio, Rhode Island and Texas. Effective April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceutical for UnitedHealthcare commercial members will change. >

[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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The tool available to track your patients' progress through their care journey will be more powerful and easier to use. Starting Feb. 18, 2019, UHCTransitions will become **UHCCareConnect** and be available through Link — the portal you use for prior authorizations, claim submissions and other patient care management functions.

Easier for you. Better for your patients.

A simple one-screen log-in will make it easier to track, adjust and optimize patient care flows. New features coming in the future will provide better access to population data, behavioral data, personal data and more.

To get started, log in to Link with your Optum ID. Click the **UHCCareConnect** tile to see all the features you're already using to track, adjust and optimize patient care flows more easily and accurately. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. If you aren't registered yet, go to UHCprovider.com and select "New User" to begin registration.

Reminder: Non-Participating Providers Consent Form

We want to help members make more informed decisions about their health care. The Non-Participating Providers Consent Form is a tool you use to help your patients in the decision-making process when referring to non-participating care providers. This policy makes patients aware of the potential increased out-of-pocket costs associated with the decision to use such care providers and it outlines potential administrative actions for non-compliance.

The policy applies to referrals to numerous care provider/service types, including ambulatory surgical centers, surgical assistants (care providers assisting in or monitoring care during the performance of a surgical procedure), home health, laboratory services, outpatient dialysis and other care provider/service types. It's available online on page 52 of the UnitedHealthcare Provider Administrative Guide at UHCprovider.com/content/dam/provider/docs/public/admin-guides/2019-UnitedHealthcare-Administrative-Guide.pdf. The consent form is at UHCprovider.com/content/dam/provider/docs/public/policies/protocols/UnitedHealthcare_Member_Advance_Notice_Form.pdf. Refer to Chapter 10, Page 69 of the 2019 Provider Administrative Guide for detailed requirements regarding our policy for charging UnitedHealthcare Medicare Advantage Plan members for non-covered services. UnitedHealthcare Medicare Advantage Plan members may not be billed for non-covered services unless the member has received a pre-service Integrated Denial Notice (IDN) or the member's Evidence of Coverage, or other related materials, clearly excludes the item or service.

For more information, contact your Health Plan Representative or call **866-574-6088**.

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Win \$500 in Our Go Paperless Sweepstakes

You've seen how our [paperless options](#) can make a positive environmental and financial impact to you and the planet. Now we're giving you a chance to put more green in your pocket with our [Go Paperless sweepstakes](#).

How to enter

[Link Password Owners](#) can enter by turning off paper delivery of at least one type of correspondence before May 31, 2019, using the [Paperless Delivery Options tool](#) on Link. In 2019, there are four monthly drawings of \$500 each. The sooner you go paperless, the more drawings you can enter. See the [official rules](#) for details.

Need another incentive?

Just think how much time and money your organization spends opening, routing, storing and disposing of the mail you receive. You could save time if you turned off mail delivery and viewed UnitedHealthcare letters online. Anyone on your team can access the letters in Document Vault, and letters can be saved to your computer.

[Document Vault](#) and [Paperless Delivery Options](#) are easy to use. You may register for a [training session](#) or watch one of our short video tutorials on [UHC on Air](#).



You also may call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

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Link Self-Service Updates and Enhancements

We're continuously making improvements to Link tools to better support your needs. Here are some recent enhancements:

[Document Vault](#)

- A Document Vault tile has been added to your dashboard for quicker access to reports, claim letters and prior authorization letters.

[claimsLink](#)

- Search by claim number or patient account number and get up to 24 months of claims history.*
- Flag reconsideration and pended tickets for easier follow-up.
- If a claim is paid by check, you can see whether it was sent to the member or a care provider. You can also see which address it went to if it was sent to a care provider.
- "View Claim Details — Line Items" was added to make it easier to get to line level detail. You can also scroll down to see the same information.
- The columns in the line item section have been reconfigured so more information fits on the screen without the need to scroll left or right.
- The "View" hyperlink has been moved to the left side of the screen. Use this link to find Remark Codes and other line details.
- A "Help" button is now on the right side navigation. It will bring you to UHCprovider.com/claimslink for Quick Reference Guides and other resources.

[referralLink](#)

- A print button has been added to the referral status and referral confirmation pages.
- You can now create a copy of a referral from the referral status page to use as the basis for a new referral submission.

Link resources and support

- Don't have a user ID and password? Go to UHCprovider.com and click on [New User](#).
- Looking for training? Register for instructor-led webinars at UHCprovider.com/training or watch short video tutorials on [UHC On Air](#) on Link.



Need additional help? Call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

*Display options will vary based on the payer chosen in step 1, as well as your claims volume.

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Changes in Advance Notification and Prior Authorization Requirements

Effective for dates of service on or after **April 1, 2019**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan**. (Impacted states are listed below, but the following plans are excluded: UnitedHealthcare Connected-TX (Medicare-Medicaid Plan), UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan), and Medicare Advantage/Dual Special Needs plans).

Note: Reimbursement/coverage of codes is defined by individual state fee schedules.

| Category | Codes | States Impacted |
|------------------------|---|---|
| Home Healthcare | S9123, S9124 | Arizona |
| Home Healthcare | G0155, G0156, G0162, S9122, S9127 S9129, S9131, G0152, G0151 | Tennessee |
| Home Healthcare | G0156, G0162, S9122, S9123, S9124 | Maryland |
| Home Healthcare | G0156, G0162, S9122 | Nebraska |
| Home Healthcare | G0156, G0162, S9122 | Pennsylvania |
| Home Healthcare | 99600, S9123, S9124 | Wisconsin |
| Nutritional – Enterals | B4034–B4036, B4100, B4102–B4104, B4149, B4150, B4152, B4153, B4155, B4158–B4161 | Florida, Iowa, Maryland, Nebraska, Pennsylvania |

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Changes in Advance Notification and Prior Authorization Requirements

| Category | Codes | States Impacted |
|---------------|--|--|
| DME/Orthotics | A9900, E0465, E0637, E8000, L1820, L1832 | Arizona, California, Florida, Hawaii, Iowa, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nebraska, Pennsylvania, Rhode Island, Tennessee, Virginia, Washington, Wisconsin |

Effective for dates of service on or after **May 1, 2019**, the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan**. (Impacted states are listed below, but the following plans are excluded: UnitedHealthcare Connected-TX (Medicare-Medicaid Plan), UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan), and Medicare Advantage/Dual Special Needs plans).

Note: Reimbursement/coverage of codes is defined by individual state fee schedules.

| Category | Codes | States Impacted |
|------------------------|---|---|
| Home Healthcare | G0156 | Ohio |
| Nutritional – Enterals | B4034–B4036, B4100, B4102–B4104, B4149, B4150, B4152, B4153, B4155, B4158–B4161 | Texas |
| Home Healthcare | G0156, G0162, S9122, S9123, S9124 | New York |
| Home Healthcare | G0156, S9122, S9123, S9124 | New Jersey |
| DME/Orthotics | A9900, E0465, E0637, E8000, L1820, L1832 | Kansas, New York, New Jersey, Ohio, Texas |

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.

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MiniMed™ 670G System from Medtronic More Widely Available

The MiniMed™ system from Medtronic is our preferred insulin pump for adults and children age 7 and older who are receiving a prescription for a pump for the first time, given the safety, quality and lower cost it offers.

UnitedHealthcare pediatric patients who are currently using a non-Medtronic pump may remain on that pump in conjunction with the physician's treatment plan. There is no change to coverage for members currently on an insulin pump and receiving supplies. Similarly, there is no change for the use of non-durable insulin pumps such as tubeless pumps. The vast majority of all UnitedHealthcare members using insulin pumps today use a MiniMed™ device from Medtronic.

We will continue to have a clinical review process in place for prescribing physicians and members who feel a non-Medtronic device may be preferred.

The MiniMed™ 670G system from Medtronic is being made more widely available because in 2018 the U.S. Food and Drug Administration approved the device for children ages 7 and up.

We first entered into our preferred agreement with Medtronic in 2016. Our goal is to offer members a better care experience by providing access to advanced diabetes technology and comprehensive support services. We also want to find new ways to place greater focus on quality rather than the volume of care delivered, and to analyze the total cost of care for diabetes management and bring a value-based approach to diabetes care for UnitedHealthcare members.



If you have questions, please call the number on the back of your patient's member ID card.

*The Medtronic MiniMed™ 670G system is intended for continuous delivery of basal insulin (at user selectable rates) and administration of insulin boluses (in user selectable amounts) for the management of type 1 diabetes mellitus in persons, age 7 and older, requiring insulin as well as for the continuous monitoring and trending of glucose levels in the fluid under the skin. The MiniMed™ 670G system includes SmartGuard™ technology, which can be programmed to automatically adjust delivery of basal insulin based on Continuous Glucose Monitor (CGM) sensor glucose values, and can suspend delivery of insulin when the sensor glucose value falls below or is predicted to fall below predefined threshold values. The system requires a prescription. The Guardian™ Sensor (3) glucose values are not intended to be used directly for making therapy adjustments, but rather to provide an indication of when a finger stick may be required. A confirmatory finger stick test via the CONTOUR®NEXT LINK 2.4 blood glucose meter is required prior to making adjustments to diabetes therapy. All therapy adjustments should be based on measurements obtained using the CONTOUR®NEXT LINK 2.4 blood glucose meter and not on values provided by the Guardian™ Sensor (3). Always check the pump display to help ensure the glucose result shown agrees with the glucose results shown on the CONTOUR®NEXT LINK 2.4 blood glucose meter. Do not calibrate your CGM device or calculate a bolus using a blood glucose meter result taken from an Alternative Site (palm) or from a control solution test. It is not recommended to calibrate your CGM device when sensor or blood glucose values are changing rapidly, e.g., following a meal or physical exercise. If a control solution test is out of range, please note that the result may be transmitted to your pump when in the "Always" send mode.

WARNING: Medtronic performed an evaluation of the MiniMed™ 670G system and determined that it may not be safe for use in children under age 7 because of the way that the system is designed and the daily insulin requirements. Therefore, this device should not be used in anyone under age 7. This device should also not be used in patients who require less than a total daily insulin dose of 8 units per day because the device requires a minimum of 8 units per day to operate safely.

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MiniMed™ 670G System from Medtronic More Widely Available

Pump therapy is not recommended for people whose vision or hearing does not allow recognition of pump signals and alarms. Pump therapy is not recommended for people who are unwilling or unable to maintain contact with their health care professional. The safety of the MiniMed™ 670G system has not been studied in pregnant women. For complete details of the system, including product and important safety information such as indications, contraindications, warnings and precautions associated with the system and its components, please consult [medtronicdiabetes.com/important-safety-information#minimed-670g](https://www.medtronicdiabetes.com/important-safety-information#minimed-670g) and the appropriate user guide at [medtronicdiabetes.com/download-library](https://www.medtronicdiabetes.com/download-library).

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Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial and Community Plan Members

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

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:

Ultomiris has been added to the **Review at Launch Medication List** for UnitedHealthcare Commercial Plan at 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. We encourage you to request prior authorization whether a drug is subject to prior authorization requirements or not so you can check whether a medication is covered before providing services. If you request prior authorization, you must wait for our determination before rendering services.

Updates to the administrative guide protocol

Beginning April 1, 2019, Gamifant must be acquired from Biologics, Inc. Specialty Pharmacy for UnitedHealthcare commercial plan members. As of this date, UnitedHealthcare will no longer reimburse care providers or facilities that purchase Gamifant directly and bill UnitedHealthcare. If we deny payment for this reason, you may not balance bill the member.

For members with active Medicare coverage provided by UnitedHealthcare, the care provider can continue to purchase Gamifant and directly bill to UnitedHealthcare Medicare Advantage. Pharmacies may not bill Medicare or Medicare Private Fee for Service plans for drugs furnished to a care provider for administration to a Medicare beneficiary.

These updated sourcing requirements apply to all UnitedHealthcare commercial plans, including affiliate plans such as UnitedHealthcare West, UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford, Neighborhood Health Partnerships and UnitedHealthcare of the River Valley. This does not apply to New York State Empire Plan and UnitedHealthcare Community Plan.

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Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare Commercial and Community Plan Members

To obtain Gamifant through Biologics Specialty Pharmacy, please follow these steps:

1. You can obtain the forms by calling Biologics Specialty Pharmacy at **800-850-4306**.
2. Complete the form and fax it to Biologics Specialty Pharmacy at **800-823-4506**. Provide the member's prescription order and clinical records to support the prior authorization review.
3. Bill UnitedHealthcare directly only for the administration of Gamifant. Biologics Specialty Pharmacy will bill UnitedHealthcare directly for these products within 30 days of dispensing them to your facility or the hospital.

In the [January 2019 Network Bulletin](#), we communicated our Prior Authorization/Notification requirements for Gamifant. Gamifant will now be added to the Administrative Guide Protocol as outlined. Care providers and facilities that do not follow these protocols will not be reimbursed for services.

What's Changing for UnitedHealthcare Community Plan

Ultomiris 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 through the *Review at Launch for New to Market Medications* drug policy.

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Next Phase Announced: More Fax Numbers Used for Medical Prior Authorization Retiring May 6, 2019

Use Our Online Tools Instead

As we continue moving administrative tasks online, another group of fax numbers used for medical prior authorization will retire on May 6, 2019.

Seema Verma, the Centers for Medicare & Medicaid Services (CMS) Administrator, spoke about the need to eliminate faxes at the 2018 Office of the National Coordinator for Health IT Interoperability Forum. In her keynote address, Ms. Verma said, “If I could challenge the developers in this room here today to achieve one mission, it would be this: help us make every doctor’s office in America a fax free zone by 2020!”

These fax numbers are retiring on May 6, 2019:

| Plan Name | Fax Number |
|---|--------------|
| Delaware UnitedHealthcare Dual Complete Special Needs Plans | 877-877-8230 |
| Georgia Department of Community Health | 844-624-5690 |
| Mid-Atlantic Health Plans | 800-729-0616 |
| Mid-Atlantic Health Plans | 800-787-5325 |
| UnitedHealthcare Community Plan of Florida | 866-607-5975 |
| UnitedHealthcare Community Plan of Missouri | 844-881-4772 |
| UnitedHealthcare Community Plan of New Jersey | 888-840-9284 |
| UnitedHealthcare Community Plan of Ohio | 866-839-6454 |
| UnitedHealthcare Community Plan of Tennessee | 800-743-6829 |
| UnitedHealthcare Community Plan of Virginia | 844-882-7133 |



Go to UHCprovider.com/priorauth for more information.

Instead of faxing your request, please use the Prior Authorization and Notification tool on Link – the same website you already use to check eligibility and benefits, manage claims and update your demographic information. You can access the tool and review resources to help you get started at UHCprovider.com/paan. 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.

Some plans have a state requirement for fax capability and will have a fax number for their members. However, you can still use the Prior Authorization and Notification tool on Link to submit requests for those members.

If we ask you for more information about a prior authorization request, you can attach it directly to the case using the Prior Authorization and Notification tool on Link. If you can’t access Link, you can use the fax number included on the request for more information.

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Next Phase Announced: More Fax Numbers Used for Medical Prior Authorization Retiring May 6, 2019

New Fax Numbers for Admission Notifications

Some of the retiring fax numbers are also used for Inpatient Admission Notifications. While we encourage you to use the Prior Authorization and Notification tool on Link to notify us when a member has been hospitalized or admitted to your facility, we have new fax numbers you can use for Inpatient Admission Notification.

- UnitedHealthcare Commercial **Admission Notifications Only: 844-831-5077**
- UnitedHealthcare Medicare Advantage and Medicare Special Needs Plans **Admission Notifications Only: 844-211-2369**
- UnitedHealthcare Community Plans for Delaware, Kentucky, Maryland, Nebraska, New Mexico, North Carolina, Oklahoma, Rhode Island, Washington and Wisconsin **Admission Notifications Only: 844-268-0565**
- UnitedHealthcare Community Plans for Arizona, Florida, Iowa, Kansas, Missouri, New Jersey, Ohio, Tennessee and Virginia **Admission Notifications Only: 844-805-7522.**

Please do not use these fax numbers for prior authorization requests.

Access the Prior Authorization and Notification Tool

To access the tool, sign in to Link by clicking on the Link button in the top right corner of [UHCprovider.com](#). Then select the Prior Authorization and Notification tile on your Link dashboard.



New to Link? [Register as a New User.](#)

Benefits and Features of Online Prior Authorization

With the Prior Authorization and Notification tool on Link, you can check if prior authorization or notification is required, submit your request and check status — all in one place.

Use it to:

- Submit a new prior authorization request or inpatient admission notification.
- Get a reference number for each submission, even when prior authorization or notification isn't required.
- Add frequently selected care providers and procedures to your favorites list for quick submissions.
- View medical records requirements for common services, and add an attachment to a new or existing submission.
- Update an existing request with attachments, add clinical notes or make changes to case information.

You'll be redirected to a different site for radiology, cardiology and oncology services.

Resources and Training

If you haven't used the Prior Authorization and Notification tool before, don't worry — we have lots of resources to make it easy for you to get started at [UHCprovider.com/paan](#).

[Register for online training](#) to learn about using the Prior Authorization and Notification tool. No time for a webinar? Review the quick reference guides or watch one of our short video tutorials..

Video Tutorials

- [Prior Authorization and Notification Submission](#)
Opens in a new window ([Read Transcript](#))
- [Prior Authorization and Notification Inquiry](#)
Opens in a new window ([Read Transcript](#))
- [Prior Authorization and Notification Status](#)
Opens in a new window ([Read Transcript](#))

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Prior Authorization Required for Therapeutic Radiopharmaceuticals

Effective May 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Arizona, California, Ohio, Rhode Island and Texas.

Effective April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceutical for UnitedHealthcare commercial members will change.

To submit an online request for prior authorization, 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.

The following products will require authorization:

- Lutetium Lu 177 (Lutathera)
- Radium RA-223 dichloride (Xofigo)
- All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS).

HCPCS codes impacted by this prior authorization will include:

- A9513 Lutetium Lu 177, dotatate, therapeutic, 1 mCi
- A9606 Radium RA-223 dichloride, therapeutic, per microcurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified

Tell Us What You Think of Our Communications

Your opinion is important to us. We’d like to get your thoughts about The Network Bulletin. Please take a few minutes today to complete the survey online at uhcresearch.az1.qualtrics.com/jfe/form/SV_08sAsRnUY2Kb153. Thank you for your time.

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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 [January 2019 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 | Effective Date |
|--|------------------------------------|----------------|
| TAKE NOTE: ANNUAL CDT® CODE UPDATES | | |
| General Anesthesia and Conscious Sedation Services | Coverage Guideline | Jan. 1, 2019 |
| Miscellaneous Diagnostic Procedures | Clinical Policy | Jan. 1, 2019 |
| National Standardized Dental Claim Utilization Review Criteria | Utilization Review Guideline (URG) | Jan. 1, 2019 |
| Occlusal Guards | Coverage Guideline | Jan. 1, 2019 |
| Removable Prosthodontics | Coverage Guideline | Jan. 1, 2019 |
| Space Maintenance | Coverage Guideline | Jan. 1, 2019 |
| Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications | Clinical Policy | Jan. 1, 2019 |
| UPDATED/REVISED | | |
| Genetic Testing for Oral Disease | Revised | Feb. 1, 2019 |
| Non-Ionizing Diagnostic Procedures | Updated | Jan. 1, 2019 |
| Non-Surgical Endodontics | Updated | Jan. 1, 2019 |
| Provisional Splinting | Revised | Feb. 1, 2019 |
| Salivary Testing | Updated | Jan. 1, 2019 |
| Single Tooth Indirect Restorations | Revised | Feb. 1, 2019 |

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.

CDT® is a registered trademark of the American Dental Association.



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.



[Peer Comparison Reports Sent to Select Specialists](#)

In November 2018, select specialists were mailed a letter directing them to the Document Vault on Link to view their Peer Comparison report. The report shows how their practice compares to other physicians in our network and identifies areas where they're doing well and where there may be some room for improvement. >

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

[UnitedHealthcare Commercial](#)

Peer Comparison Reports Sent to Select Specialists

In November 2018, select specialists were mailed a letter directing them to the Document Vault on Link to view their Peer Comparison report. The report shows how their practice compares to other physicians in our network and identifies areas where they're doing well and where there may be some room for improvement.

UnitedHealthcare Peer Comparison Reports (formerly known as Performance Reports) provide physicians with actionable information to help deliver better care, better health outcomes and improved costs to patients by:

- Analyzing paid claims data to identify variations from peer benchmarks and alerting physicians whose paid claims data varies from expected practice patterns for UnitedHealthcare members over a specific period of time
- Leveraging utilization measures or specialty-specific procedural measures
- Working collaboratively to improve value for UnitedHealthcare members by helping ensure that services they receive align with evidence-based standards of care
- Identifying focused areas for improvement with suggested actions to reduce practice pattern variations

You can find more information about Peer Comparison Reports at UHCprovider.com/peer. You can also email us at physician_engagement@uhc.com or call our Health Care Measurement Resource Center at **866-270-5588**. If you have questions about Document Vault, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

[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 [January 2019 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 |
|---|-------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Medical | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Medical | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) | Drug | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Medical | Jan. 1, 2019 |
| Carrier Testing for Genetic Diseases | Medical | Jan. 1, 2019 |
| Chemosensitivity and Chemoresistance Assays in Cancer | Medical | Jan. 1, 2019 |
| Clotting Factors, Coagulant Blood Products & Other Hemostatics | Drug | Jan. 1, 2019 |
| Crysvita® (Burosumab-Twza) | Drug | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Medical | Jan. 1, 2019 |
| Enzyme Replacement Therapy | Drug | Jan. 1, 2019 |
| Extracorporeal Shock Wave Therapy (ESWT) | Medical | Jan. 1, 2019 |
| Genetic Testing for Hereditary Cancer | Medical | Jan. 1, 2019 |
| Gonadotropin Releasing Hormone Analogs | Drug | Jan. 1, 2019 |
| Habilitative Services and Outpatient Rehabilitation Therapy | CDG | Jan. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Medical | Jan. 1, 2019 |
| Hepatitis Screening | Medical | Jan. 1, 2019 |
| High Frequency Chest Wall Compression Devices | Medical | Jan. 1, 2019 |
| Home Health Care | 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 |
|---|-------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Ilumya™ (Tildrakizumab-Asmn) | Drug | Jan. 1, 2019 |
| Infliximab (Remicade®, Inflectra™, Renflexis™) | Drug | Jan. 1, 2019 |
| Intensity-Modulated Radiation Therapy | Medical | Jan. 1, 2019 |
| Luxturna™ (Voretigene Neparvovec-Rzyl) | Drug | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Medical | Jan. 1, 2019 |
| Maximum Dosage | Drug | Jan. 1, 2019 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Medical | Jan. 1, 2019 |
| Neurophysiologic Testing and Monitoring | Medical | Jan. 1, 2019 |
| Neuropsychological Testing Under the Medical Benefit | Medical | Jan. 1, 2019 |
| Omnibus Codes | Medical | Jan. 1, 2019 |
| Onpattro™ (Patisiran) | Drug | Jan. 1, 2019 |
| Preventive Care Services | CDG | Jan. 1, 2019 |
| Proton Beam Radiation Therapy | Medical | Jan. 1, 2019 |
| Radicava™ (Edaravone) | Drug | Jan. 1, 2019 |
| Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) | Drug | Jan. 1, 2019 |
| Rituxan® (Rituximab) | Drug | Jan. 1, 2019 |
| Self-Administered Medications List | Drug | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Medical | Jan. 1, 2019 |
| Sodium Hyaluronate | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | Jan. 1, 2019 |
| Therapeutic Radiopharmaceuticals | Medical | Jan. 1, 2019 |
| Trogarzo™ (Ibalizumab-Uiyk) | Drug | Jan. 1, 2019 |
| White Blood Cell Colony Stimulating Factors | Drug | 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 |
|--|-------------|----------------|
| NEW | | |
| Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan — Site Of Care | URG | Feb. 1, 2019 |
| UPDATED/REVISED | | |
| Ablative Treatment for Spinal Pain | Medical | Jan. 1, 2019 |
| Ambulance Services | CDG | Jan. 1, 2019 |
| Autologous Chondrocyte Transplantation in the Knee | Medical | Jan. 1, 2019 |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Medical | Jan. 1, 2019 |
| Botulinum Toxins A and B | Drug | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Medical | Jan. 1, 2019 |
| Breast Repair/Reconstruction Not Following Mastectomy | CDG | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Medical | Jan. 1, 2019 |
| Clotting Factors, Coagulant Blood Products & Other Hemostatics | Drug | Jan. 1, 2019 |
| Cochlear Implants | Medical | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Medical | Jan. 1, 2019 |
| Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements | CDG | Jan. 1, 2019 |
| Electric Tumor Treatment Field Therapy | Medical | Jan. 1, 2019 |
| Electrical Stimulation and Electromagnetic Therapy for Wounds | Medical | Feb. 1, 2019 |
| Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood | Medical | Mar. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Medical | Jan. 1, 2019 |
| Hepatitis Screening | Medical | Jan. 1, 2019 |
| Home Health Care | CDG | Jan. 1, 2019 |
| Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors | Medical | Jan. 1, 2019 |
| Infertility Diagnosis and Treatment | Medical | Jan. 1, 2019 |
| Infertility Services | 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 |
|---|-------------|----------------|
| UPDATED/REVISED | | |
| Intensity-Modulated Radiation Therapy | Medical | Jan. 1, 2019 |
| Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) | Medical | Jan. 1, 2019 |
| Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease | Drug | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Medical | Jan. 1, 2019 |
| Magnetic Resonance Spectroscopy (MRS) | Medical | Jan. 1, 2019 |
| Maximum Dosage | Drug | Jan. 1, 2019 |
| Mechanical Stretching Devices | Medical | Jan. 1, 2019 |
| Meniscus Implant and Allograft | Medical | Jan. 1, 2019 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Medical | Jan. 1, 2019 |
| Omnibus Codes | Medical | Feb. 1, 2019 |
| Osteochondral Grafting | Medical | Jan. 1, 2019 |
| Percutaneous Vertebroplasty and Kyphoplasty | Medical | Jan. 1, 2019 |
| Private Duty Nursing Services (PDN) | CDG | Jan. 1, 2019 |
| Proton Beam Radiation Therapy | Medical | Jan. 1, 2019 |
| Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) | Drug | Jan. 1, 2019 |
| Skilled Care and Custodial Care Services | CDG | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Medical | Feb. 1, 2019 |
| Speech Language Pathology Services | CDG | Feb. 1, 2019 |
| Spinal Ultrasonography | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | Feb. 1, 2019 |
| Temporomandibular Joint Disorders | Medical | Feb. 1, 2019 |
| Total Artificial Heart | Medical | Jan. 1, 2019 |
| Transpupillary Thermotherapy | Medical | Jan. 1, 2019 |

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[UnitedHealthcare Commercial](#)

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

| Policy Title | Policy Type | Effective Date |
|--|-------------|----------------|
| UPDATED/REVISED | | |
| Umbilical Cord Blood Harvesting and Storage for Future Use | Medical | Jan. 1, 2019 |
| Unicondylar Spacer Devices for Treatment of Pain or Disability | Medical | Jan. 1, 2019 |
| Vagus Nerve Stimulation | Medical | Jan. 1, 2019 |
| Xolair® (Omalizumab) | Drug | 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 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 Commercial 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: **Reminder: Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy.**

| Policy | Effective Date | Summary of Change |
|--|----------------|--|
| Reminder: Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy | Aug. 1, 2016 | <ul style="list-style-type: none"> • In alignment with Centers for Medicare & Medicaid Services (CMS) and CLIA requirements, UnitedHealthcare implemented a reimbursement policy that is applicable to all laboratory services. The policy reimbursement guidelines, definitions and Q&A sections were recently updated to further clarify claims submission requirements. Refer to the reimbursement policy for additional information. • The reimbursement policy applies to UnitedHealthcare commercial member claims submitted on either a CMS 1500 claim form or HIPAA 5010 837 P claim file. The policy requires that all claims for laboratory services include the Clinical Laboratory Improvement Amendments (CLIA) number for the servicing care provider along with the physical address where the billed testing was performed. The servicing care provider's address must match the address associated with the CLIA ID number. • Claims for laboratory services may be denied if the CLIA information is missing, invalid or not within the scope of the awarded CLIA Certificate per the CLIA ID number reported on the claim. Reporting of the modifier QW when billing for CLIA waived tests also may be required based on the level of CLIA certification the laboratory has obtained. Claims that are denied for missing information may be resubmitted with the required information. • For more information regarding the CLIA requirements and test complexity categories, visit the CLIA website at cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/ |



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

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

Starting May 1, 2019, UnitedHealthcare will require prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring for UnitedHealthcare Community Plan members in Arizona, Nebraska, Tennessee and Texas. >

[Outpatient Billing for Medications](#)

We have received professional and outpatient facility claims related to UnitedHealthcare Community Plan members without the appropriate ICD-10-CM diagnosis codes as listed in our medical benefit drug policy guidelines. Additionally, we have received professional and outpatient facility claims for injectable medications that should be billed on a member's pharmacy benefit (as per the Denied Drug Codes — Pharmacy Benefit Drugs policy). **Beginning May 1, 2019**, professional and outpatient facility drug claims that have a corresponding medical benefit drug policy will be reviewed to help ensure these medications are being billed consistent with the policy. >

[Concurrent Drug Utilization Review](#)

To help increase patient safety and prevent abuse and fraudulent activity, UnitedHealthcare Community Plan is continuing to implement Concurrent Drug Utilization Review (cDUR) safety edits. >

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

Beginning March 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 Florida. This requirement will take effect April 1, 2019 for UnitedHealthcare Community Plan members (excluding Medicare Advantage) in New Jersey, Pennsylvania and Rhode Island. >



[UnitedHealthcare Community Plan Feb. 1, 2019 Preferred Drug List – Generic Copaxone Strategy](#)

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

[UnitedHealthcare Community Plan](#)

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

Starting May 1, 2019, UnitedHealthcare will require prior authorization for in-patient video electroencephalograph (EEG) for cerebral seizure monitoring for UnitedHealthcare Community Plan members in Arizona, Nebraska, Tennessee and Texas.

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 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.



For more information, contact your local network management representative.

[UnitedHealthcare Community Plan](#)

Outpatient Billing for Medications

UnitedHealthcare Community Plan has received claims that are not consistent with our medical benefit drug policy guidelines.

We've received professional and outpatient facility claims related to UnitedHealthcare Community Plan members without the appropriate ICD-10-CM diagnosis codes as listed in our medical benefit drug policy guidelines. Additionally, we've received professional and outpatient facility claims for injectable medications that should be billed on a member's pharmacy benefit (as per the Denied Drug Codes — Pharmacy Benefit Drugs policy).

Beginning May 1, 2019, professional and outpatient facility drug claims that have a corresponding medical benefit drug policy will be reviewed to help ensure these medications are being billed consistent with the policy.

What Does this Mean?

Claims with a diagnosis not consistent with the drug policy may be denied in part or in whole. Using the correct ICD-10-CM code doesn't guarantee coverage of a service. The service must be used consistent with the criteria outlined in our medical benefit drug policies.

The injectable medications included in the Denied Drug Codes — Pharmacy Benefit Drugs policy are reimbursed on a member's pharmacy benefit, and care providers should not be submitting professional or facility claims for reimbursement. Your claim may be denied in part or in whole when billed on a 1500 form, a UB-04 form or their electronic equivalent. This does not change how these medications are administered to a member. These medications should be dispensed by a network pharmacy and billed through the Pharmacy Benefit Manager (PBM) system.



The medical benefit drug policies are available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#). If you have questions or need more information, contact your network account manager or provider advocate.

[UnitedHealthcare Community Plan](#)

Concurrent Drug Utilization Review

To help increase patient safety and prevent abuse and fraudulent activity, UnitedHealthcare Community Plan is continuing to implement Concurrent Drug Utilization Review (cDUR) safety edits.

At the Point of Sale (POS), the pharmacist will be alerted of a drug-drug interaction, therapeutic duplication or high dose. The pharmacist will then look at the member's profile and contact the prescriber or member to determine if the member should receive the prescription(s). If the pharmacist determines the prescription should be processed, they can override the alert by entering the appropriate reason codes. Pharmacies will receive a fax explaining these safety edits and what action needs to be taken to override them.

The following safety edits will be implemented on Feb. 1, 2019:

1. Therapeutic Duplication:

This safety edit in the pharmacy system looks at the member's current medications and identifies potential duplications to prevent members from taking more than one drug in the same drug class.

2. Theradose (High Dose):

This safety edit in the pharmacy system looks at the member's current medications and identifies potential instances where a member could be exceeding the FDA's approved maximum dose.

The following drug classes and cDUR edits will be added to the program:

| cDUR Edit | Drug Class | Health Plan | States in Scope |
|-------------------------|-----------------|---------------------------------|---|
| Therapeutic Duplication | Alpha Agonists | UnitedHealthcare Community Plan | Arizona, California, Florida FHK, Florida MMA, Hawaii, Kansas, Louisiana, Maryland, Michigan, Mississippi, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington (18 and older) |
| Therapeutic Duplication | Anticoagulants | UnitedHealthcare Community Plan | Arizona, California, Florida FHK, Florida MMA, Hawaii, Kansas, Louisiana, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington |
| Therapeutic Duplication | Antidepressants | UnitedHealthcare Community Plan | Arizona, California, Florida FHK, Florida MMA, Hawaii, Louisiana, Michigan, Mississippi, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Washington (18 and older) |

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[UnitedHealthcare Community Plan](#)

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Concurrent Drug Utilization Review

| cDUR Edit | Drug Class | Health Plan | States in Scope |
|-------------------------|------------------|---------------------------------|--|
| Therapeutic Duplication | Antipsychotics | UnitedHealthcare Community Plan | Texas and Washington (18 and older) |
| Therapeutic Duplication | Immunomodulators | UnitedHealthcare Community Plan | Arizona, California, Florida FHK, Florida MMA, Hawaii, Kansas, Louisiana, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington |
| Theradose | Antipsychotics | UnitedHealthcare Community Plan | Arizona, Florida FHK, Florida MMA, Hawaii, Louisiana, Michigan, Mississippi, Nebraska (19 and older), Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington (18 and older) |

UnitedHealthcare Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

Beginning March 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 Florida. This requirement will take effect April 1, 2019 for UnitedHealthcare Community Plan members (excluding Medicare Advantage) in New Jersey, Pennsylvania and Rhode Island.

For more information on genetic and molecular lab testing notification/prior authorization, visit UHCprovider.com/en/prior-auth-advance-notification/geneti2c-molecular-lab.html.

[UnitedHealthcare Community Plan](#)

UnitedHealthcare Community Plan Feb. 1, 2019 Preferred Drug List — Generic Copaxone Strategy

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

Not all medications will be added, modified or deleted in each state, so please check the state's PDL for a state-specific list of preferred drugs. You may also view the changes at 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 affected members a prescription for a preferred alternative in one of the following ways:

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

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

Changes will be effective Feb. 1, 2019 for California, Florida – Florida Healthy Kids, Hawaii, Maryland, Nevada, New Jersey, New York, Ohio, Rhode Island and Virginia.

These changes don't apply to UnitedHealthcare Community Plans in Arizona, Florida Managed Medical Assistance, Iowa, Kansas, Louisiana, Michigan, Mississippi, Nebraska, Pennsylvania, Texas or Washington.

What's Changing

- Glatopa® (Autoinjector Device: Glatopaject®) will be removed from the PDL.
- Glatiramer acetate (Autoinjector Device: WhisperJECT®) remains preferred with appropriate diagnosis and prior authorization may apply.
- Current utilizers of Glatopa need to switch to glatiramer acetate. Members will need a new prescription.
- When switching members to glatiramer acetate, make sure that members administering medication with an autoinjector device receive a WhisperJECT® device with their medication. Failure to do so could result in breakage of the medication container.

Glatiramer acetate is available through BriovaRx Specialty Pharmacy. To coordinate the switch to glatiramer acetate, call BriovaRx Specialty Pharmacy at **855-427-4682**, fax a prescription to **877-342-4596** or send an electronic prescription to BriovaRx Specialty Pharmacy.



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

[UnitedHealthcare Community Plan](#)

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

For complete details on the policy updates listed in the following table, please refer to the [January 2019 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 |
|---|-------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Medical | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Medical | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) | Drug | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) (for Pennsylvania Only) | Drug | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Medical | Jan. 1, 2019 |
| Carrier Testing for Genetic Diseases | Medical | Jan. 1, 2019 |
| Chemosensitivity and Chemoresistance Assays in Cancer | Medical | Jan. 1, 2019 |
| Crysvita® (Burosumab-Twza) | Drug | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Medical | Jan. 1, 2019 |
| Enzyme Replacement Therapy | Drug | Jan. 1, 2019 |
| Extracorporeal Shock Wave Therapy (ESWT) | Medical | Jan. 1, 2019 |
| Genetic Testing for Hereditary Cancer | Medical | Jan. 1, 2019 |
| Gonadotropin Releasing Hormone Analogs | Drug | Jan. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Medical | Jan. 1, 2019 |
| Hepatitis Screening | Medical | Jan. 1, 2019 |
| High Frequency Chest Wall Compression Devices | Medical | Jan. 1, 2019 |
| Home Health Care | CDG | Jan. 1, 2019 |

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

| Policy Title | Policy Type | Effective Date |
|---|-------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Ilumya™ (Tildrakizumab-Asmn) | Drug | Jan. 1, 2019 |
| Infliximab (Remicade®, Inflectra™, Renflexis™) | Drug | Jan. 1, 2019 |
| Intensity-Modulated Radiation Therapy | Medical | Jan. 1, 2019 |
| Luxturna™ (Voretigene Neparvovec-Rzyl) | Drug | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Medical | Jan. 1, 2019 |
| Maximum Dosage | Drug | Jan. 1, 2019 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Medical | Jan. 1, 2019 |
| Neurophysiologic Testing and Monitoring | Medical | Jan. 1, 2019 |
| Neuropsychological Testing Under the Medical Benefit | Medical | Jan. 1, 2019 |
| Omnibus Codes | Medical | Jan. 1, 2019 |
| Onpattro™ (Patisiran) | Drug | Jan. 1, 2019 |
| Proton Beam Radiation Therapy | Medical | Jan. 1, 2019 |
| Radicava™ (Edaravone) | Drug | Jan. 1, 2019 |
| Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) | Drug | Jan. 1, 2019 |
| Rituxan® (Rituximab) | Drug | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Medical | Jan. 1, 2019 |
| Sodium Hyaluronate | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | Jan. 1, 2019 |
| Trogarzo™ (Ibalizumab-Uiyk) | Drug | Jan. 1, 2019 |
| White Blood Cell Colony Stimulating Factors | Drug | Jan. 1, 2019 |
| UPDATED/REVISED | | |
| Ambulance Services | CDG | Jan. 1, 2019 |
| Autologous Chondrocyte Transplantation in the Knee | Medical | Jan. 1, 2019 |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Medical | Jan. 1, 2019 |

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

| Policy Title | Policy Type | Effective Date |
|--|-------------|----------------|
| UPDATED/REVISED | | |
| Botulinum Toxins A and B | Drug | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Medical | Jan. 1, 2019 |
| Breast Repair/Reconstruction Not Following Mastectomy | CDG | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) | Drug | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) (for Pennsylvania Only) | Drug | Jan. 1, 2019 |
| Buprenorphine (Probuphine® & Sublocade™) (for Pennsylvania Only) | Drug | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Medical | Jan. 1, 2019 |
| Cochlear Implants | Medical | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Medical | Jan. 1, 2019 |
| Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements | CDG | Jan. 1, 2019 |
| Electric Tumor Treatment Field Therapy | Medical | Jan. 1, 2019 |
| Electrical Stimulation and Electromagnetic Therapy for Wounds | Medical | March 1, 2019 |
| Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood | Medical | March 1, 2019 |
| Hepatitis Screening | Medical | Jan. 1, 2019 |
| Home Health Care | CDG | Jan. 1, 2019 |
| Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors | Medical | Jan. 1, 2019 |
| Intensity-Modulated Radiation Therapy | Medical | Jan. 1, 2019 |
| Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) | Medical | Jan. 1, 2019 |
| Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease | Drug | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Medical | Jan. 1, 2019 |
| Magnetic Resonance Spectroscopy (MRS) | Medical | Jan. 1, 2019 |
| Maximum Dosage | Drug | Jan. 1, 2019 |
| Mechanical Stretching Devices | Medical | Jan. 1, 2019 |
| Meniscus Implant and Allograft | Medical | Jan. 1, 2019 |

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

| Policy Title | Policy Type | Effective Date |
|---|-------------|----------------|
| UPDATED/REVISED | | |
| Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) | Medical | Jan. 1, 2019 |
| Omnibus Codes | Medical | March 1, 2019 |
| Osteochondral Grafting | Medical | Jan. 1, 2019 |
| Private Duty Nursing Services (PDN) | CDG | Jan. 1, 2019 |
| Proton Beam Radiation Therapy | Medical | Jan. 1, 2019 |
| Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) | Drug | Jan. 1, 2019 |
| Skilled Care and Custodial Care Services | CDG | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Medical | March 1, 2019 |
| Speech Language Pathology Services | CDG | March 1, 2019 |
| Spinal Ultrasonography | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Medical | March 1, 2019 |
| Total Artificial Heart | Medical | Jan. 1, 2019 |
| Transpupillary Thermotherapy | Medical | Jan. 1, 2019 |
| Trogarzo™ (Ibalizumab-Uiyk) | Drug | Jan. 1, 2019 |
| Umbilical Cord Blood Harvesting and Storage for Future Use | Medical | Jan. 1, 2019 |
| Unicondylar Spacer Devices for Treatment of Pain or Disability | Medical | Jan. 1, 2019 |
| Vagus Nerve Stimulation | Medical | Jan. 1, 2019 |
| Visual Information Processing Evaluation and Orthoptic and Vision Therapy | Medical | Jan. 1, 2019 |
| Warming Therapy and Ultrasound Therapy for Wounds | Medical | Jan. 1, 2019 |
| Xolair® (Omalizumab) | Drug | 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 Medicare Advantage

Learn about Medicare policy
and guideline changes.

[Reminder — Clinical Laboratory Improvement Amendments \(CLIA\) Identification Requirements Policy](#)

In alignment with the Centers for Medicare & Medicaid Services (CMS) and CLIA requirements, UnitedHealthcare implemented a reimbursement policy applicable to all laboratory services with an effective date of Nov. 1, 2016 for participating providers and Aug. 1, 2016 for non-participating providers. >

[Get Ready for CAHPS®/HOS Season](#)

The **Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** program is a multi-year survey initiative to support and promote the assessment of patients' experiences with health care. **The Health Outcomes Survey (HOS)** assesses the ability of an Medicare Advantage organization to maintain or improve the physical and mental health of its members over time. >



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

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

[UnitedHealthcare Medicare Advantage](#)

Reminder — Clinical Laboratory Improvement Amendments (CLIA) Identification Requirements Policy

In alignment with the Centers for Medicare & Medicaid Services (CMS) and CLIA requirements, UnitedHealthcare implemented a reimbursement policy applicable to all laboratory services with an effective date of Nov. 1, 2016 for participating providers and Aug. 1, 2016 for non-participating providers. The policy Reimbursement Guidelines, Definitions and Q&A sections were recently updated to further clarify claims submission requirements. Refer to the reimbursement policy for additional information.

The reimbursement policy applies to UnitedHealthcare Medicare Advantage member claims submitted on either a CMS 1500 claim form or HIPAA 5010 837 P claim file. The policy requires that all claims for laboratory services include the Clinical Laboratory Improvement Amendments (CLIA) number for the servicing care provider, along with the physical address where the billed testing was performed. The servicing provider's address must match the address associated with the CLIA ID number.

Claims for laboratory services may be denied if the CLIA information is missing, invalid, or not within the scope of the awarded CLIA Certificate per the CLIA ID number reported on the claim. Reporting of the modifier QW when billing for CLIA waived tests also may be required based on the level of CLIA certification the laboratory has obtained. Claims that are denied for missing information may be resubmitted with the required information. Refer to the reimbursement policy for additional information including the claims submission process.



For more information about the CLIA requirements and test complexity categories, visit the CLIA website at [cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/](https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/).

[UnitedHealthcare Medicare Advantage](#)

Get Ready for CAHPS®/HOS Season

The Medicare **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** program is a multi-year survey initiative to support and promote the assessment of patients' experiences with health care. These surveys cover topics important to patients and focus on aspects of quality that patients assess, such as the communication skills of care providers and access to health care services. The **Health Outcomes Survey (HOS)** assesses the ability of a Medicare Advantage organization to maintain or improve the physical and mental health of its members over time. A random sample of health plan members is selected from eligible Medicare Advantage contracts to participate in the HOS program each year.

From March through July, the Centers for Medicare & Medicaid Services (CMS) will send the CAHPS®/HOS survey to a random sample of health plan members; participation is voluntary. The surveys are administered by vendors certified by the National Committee for Quality Assurance (NCQA) and CMS. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Each year, the CAHPS® and HOS surveys gather feedback about a patient's experience with their health plan and health care providers. This insight is then used to learn more about opportunities to better serve patients and improve their health, quality of life and patient experience. CAHPS® and HOS results are based on **patient perception**, which impacts satisfaction/dissatisfaction scores. UnitedHealthcare's goal is to help improve the interaction/experience between our members and their health plan but also their interaction/experience with you.

How do you impact CAHPS®?

Your interaction with your patients plays a key role in impacting their experience and overall health. You provide personal guidance and solutions to help UnitedHealthcare Medicare Advantage 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.

Within the CAHPS® survey, a patient's experience with their provider directly impacts 5 measures (13 questions that count toward 62 percent of the CAHPS® results). In December of 2018, UnitedHealthcare Medicare Advantage members were mailed pamphlets as a helpful guide on topics to discuss with their care providers as they make appointments in 2019. Specific questions included in the CAHPS® and HOS measures are available at UHCprovider.com/PATH.

Here are some best practices currently being used to help our members live healthier lives:

Best Practices (Measures Impacted)

- If your practice uses an Electronic Medical Records technology, incorporate/build check points for patient visits to address preventive screenings and services. **(Getting Needed Care)**
- Maximize appointment availability by using Nurse Practitioners/Physician Assistants to schedule visits with patients. Or have recommendations ready on alternative locations for care when care is needed right away (i.e., urgent care). **(Getting Care Quickly, Getting Needed Care)**
- Offer appointment times outside regular hours and/or allow time slots for patients to walk in. **(Getting Care Quickly)**

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UnitedHealthcare Medicare Advantage

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Getting Ready for CAHPS® Season

- Help ensure open lines of communication between Primary Care Provider and specialist offices that oversee the care of your patients. **(Care Coordination)**
- Be mindful and aware that your patient’s time is as valuable as your time. **(Getting Care Quickly)**
- Use patient experience consultants to coach and educate office staff to incorporate improvements where needed. **(Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of HealthCare)**
- If your practice has the opportunity to follow up with patients using a survey on their appointment and the customer service they received, use survey results to implement changes/improvements for the patient experience. **(Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of HealthCare)**
- Have someone in the office who champions the importance of the patient experience. **(Getting Needed Care, Getting Care Quickly, Care Coordination, Rating of HealthCare)**
- Keep open lines of communication with patients by proactively sending them information on the tests and preventive screenings they need for the upcoming year. Include care provider information/location on where services may be obtained and include referrals and/or a service requisition form (i.e. what test may be needed). *(Ask your Practice Performance Manager or Network Advocate for an easy-to-use template).* **(Getting Needed Care, Care Coordination)**

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.

GETTING NEEDED CARE

- ☐ Concerns with getting the care, tests or treatments you need
- ☐ Scheduling routine care appointments in advance
- ☐ Where and how to get urgent care when you need it right away
- ☐ Coordinating the care you are receiving from other doctors or specialists
- ☐ Difficulties getting appointments with a specialist, if needed

TESTS AND TREATMENTS

- ☐ When you will get results from labs, X-rays or other tests
- ☐ You can also discuss the screenings mentioned on the front or any other health concerns.


PRESCRIPTION DRUGS

- ☐ Any questions with the prescription medications you are taking
- ☐ Issues getting the medicines your provider prescribes
- ☐ Ask your pharmacist/doctor if a 3-month supply of your maintenance medications would be right for you.

IMPORTANT CARE

- ☐ How to reduce the risk of falls
- ☐ Issues related to bladder control and potential treatment options
- ☐ Suggestions on how to improve your physical activity
- ☐ Ways to improve feeling sad or blue
- ☐ If you smoke or use tobacco, suggestions on how to quit smoking

Thank you for seeing our UnitedHealthcare Medicare Advantage members and having an impact on their lives. If you have any questions or need further information, contact your Network Provider Advocate.



If you have a best practice that you would like to share, send your information to your Practice Performance manager or your Network Account Representative.

[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 |
|--|
| NEW (Approved on Dec. 12, 2018) |
| Dental Services |
| UPDATED/REVISED (Approved on Dec. 12, 2018) |
| Antigens Prepared for Sublingual Administration (NCD 110.9) |
| Category III CPT Codes |
| Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility (NCD 70.2) |
| Cytotoxic Food Tests (NCD 110.13) |
| Digital Subtraction Angiography (NCD 220.9) |
| Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature (NCD 160.8) |
| Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (NCD 110.21) |
| Evoked Response Tests (NCD 160.10) |
| Food Allergy Testing and Treatment (NCD 110.11) |
| Home Oxygen Use to Treat Cluster Headache (CH) (NCD 240.2.2) |
| Home Use of Oxygen (NCD 240.2) |
| Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1) |
| Induced Lesions of Nerve Tracts (NCD 160.1) |
| Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases (NCD 250.3) |
| Invasive Intracranial Pressure Monitoring (NCD 160.14) |
| Leadless Pacemakers (NCD 20.8.4) |
| Levodopa for Use in the Treatment of Carnitine Deficiency in ESRD Patients (NCD 230.19) |

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[UnitedHealthcare Medicare Advantage](#)

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

| Policy Title |
|---|
| UPDATED/REVISED (Approved on Dec. 12, 2018) |
| Mammograms (NCD 220.4) |
| Microvolt T-Wave Alternans (MTWA) (NCD 20.30) |
| Molecular Pathology/Molecular Diagnostics/Genetic Testing |
| Partial Ventriculectomy (NCD 20.26) |
| Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7) |
| Physician's Office within an Institution: Coverage of Services and Supplies Incident to a Physician's Services (NCD 70.3) |
| Sacral Nerve Stimulation (SNS) for Urinary Incontinence (NCD 230.18) |
| Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancers (NCD 210.2) |
| Self-Administered Drugs |
| Sensory Nerve Conduction Threshold Tests (sNCTs) (NCD 160.23) |
| Speech Generating Devices (NCD 50.1) |
| Stereotaxic Depth Electrode Implantation (NCD 160.5) |
| Telephone Transmission of EEGs (NCD 160.21) |
| Treatment of Decubitus Ulcers (NCD 270.4) |
| Vaccination (Immunization) |
| Vitrectomy (NCD 80.11) |
| Water Purification and Softening Systems Used in Conjunction with Home Dialysis (NCD 230.7) |
| Xgeva®, Prolia® (Denosumab) |
| RETIRED (Approved on Dec. 12, 2018) |
| Hemorheograph (NCD 250.2) |
| Hospital and Skilled Nursing Facility Admission Diagnostic Procedures (NCD 70.5) |
| Pronouncement of Death (NCD 70.4) |

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

[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the [January 2019 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

| Policy Title |
|--|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES (Effective Jan. 1, 2019) |
| Cardiac Pacemakers and Defibrillators |
| Orthopedic Procedures |
| Spine Procedures |
| Wound Treatments |
| UPDATED/REVISED (Approved on Nov. 20, 2018) |
| Medications/Drugs (Outpatient/Part B) |
| Orthopedic Procedures |

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



Doing Business Better

Learn about how we make improved health care decisions.



Coverage Determinations and UM Decisions (Financial Incentives)

At UnitedHealthcare, coverage decisions on health care services are based on the member's benefit documents and applicable state and federal requirements and UnitedHealthcare policies. For Commercial members, this includes the contract the member's employer plan sponsor has with UnitedHealthcare. For Medicare Advantage members, this includes but is not limited to, national coverage determinations, local coverage determinations and general Medicare coverage guidelines. ➤

[Doing Business Better](#)

Coverage Determinations and UM Decisions (Financial Incentives)

At UnitedHealthcare, coverage decisions on health care services are based on the member's benefit documents and applicable state and federal requirements and UnitedHealthcare policies. For UnitedHealthcare commercial members, this includes the contract the member's employer plan sponsor has with UnitedHealthcare. For UnitedHealthcare Medicare Advantage members, this includes but is not limited to, national coverage determinations, local coverage determinations and general Medicare coverage guidelines.

In general, coverage decisions are made as follows:

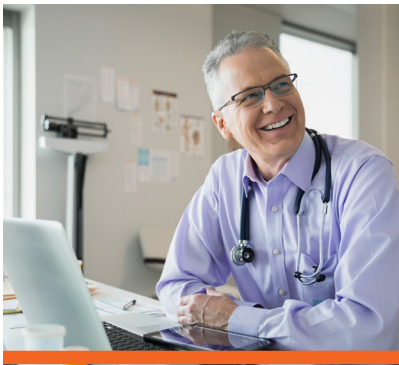
- For UnitedHealthcare commercial members, the appropriateness of care and services and the existence of coverage as defined within the contract our Commercial member's employer has with UnitedHealthcare or;
- For UnitedHealthcare Medicare Advantage members, the definition of "reasonable and necessary" as defined by Medicare coverage regulations and guidelines.
- For UnitedHealthcare Community Plan members, the appropriateness of care and service and the existence of coverage as defined by the applicable state contract

The staff of UnitedHealthcare, its delegates, and the physicians making these coverage decisions are not compensated or otherwise rewarded for issuing non-coverage decisions. UnitedHealthcare and its delegates do not offer incentives to physicians or utilization management decision makers to encourage underutilization of care or services or to encourage barriers to care and service. Hiring, promoting or terminating practitioners or other individuals is not based on the likelihood or perceived likelihood that the individual will support or tend to support issuing denials of coverage.



UnitedHealthcare Affiliates

Learn about updates with our company partners.



[OxfordHealth.com Users Must Take Action](#)

OxfordHealth.com users will soon need an Optum ID to continue using the Oxford care provider website. If you already sign in to OxfordHealth.com with your Optum ID, there's nothing you need to do. >

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

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

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

[UnitedHealthcare Affiliates](#)

OxfordHealth.com Users Must Take Action

OxfordHealth.com users will soon need an Optum ID to continue using the Oxford care provider website. [Click here](#) for more information about why we're making this change. If you already sign in to OxfordHealth.com with your Optum ID, there's nothing you need to do. If you still need to create or connect your Optum ID to OxfordHealth.com, here's more information:

Already Have an Optum ID?

Follow these steps to connect your Optum ID to your Oxford credentials. You only need to do this once:

- Go to [OxfordHealth.com](#) > Providers or Facilities and click "Log In" under "Log in with your Optum ID".
- Sign in with your Optum ID and password.
- For the Oxford facility site, enter your Oxford username and password and click "Transfer".
- For the Oxford provider site, fill out the "Complete Registration" page. You will need the following information about the health care provider you work for:
 - Oxford Provider ID Number
 - Provider's Date of Birth
 - Provider's Social Security Number or Tax ID Number (TIN)

Need an Optum ID?

Follow these steps to register for an Optum ID and connect it to your Oxford credentials. You only need to do this once:

- Go to [OxfordHealth.com](#) > Providers or Facilities and click "Need to Register?" under "Log in with your Optum ID".
- Follow the instructions to create an Optum ID. When you're done, you'll be redirected to the "Complete Registration" or "Transfer Your Registration" page on OxfordHealth.com.
- Fill out the page to connect your new Optum ID to your Oxford credentials.
- You can now use your Optum ID to sign in to [OxfordHealth.com](#).

The first person in your organization who registers for an Optum ID with your TIN will be the primary administrator for any other user accounts in your organization.



If you need help, call OxfordHealth.com Technical Support at **800-811-0881**, from 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.

[UnitedHealthcare Affiliates](#)

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [January 2019 Policy Update Bulletin](#) at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

| Policy Title | Policy Type | Effective Date |
|---|---------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Ambulance | Reimbursement | Jan. 1, 2019 |
| Assistant Surgeon | Reimbursement | Jan. 14, 2019 |
| Assisted Administration of Clotting Factors and Coagulant Blood Products | Clinical | Jan. 1, 2019 |
| B Bundle Codes | Reimbursement | Jan. 14, 2019 |
| B Bundle Codes (CES) | Reimbursement | Jan. 14, 2019 |
| Bilateral Procedures | Reimbursement | Jan. 14, 2019 |
| Bilateral Procedures (CES) | Reimbursement | Jan. 14, 2019 |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Clinical | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Clinical | Jan. 1, 2019 |
| Brineura™ (Cerliponase Alfa) | Clinical | Jan. 1, 2019 |
| Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement | Clinical | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Clinical | Jan. 1, 2019 |
| Care Plan Oversight | Reimbursement | Jan. 1, 2019 |
| Carrier Testing for Genetic Diseases | Clinical | Jan. 1, 2019 |
| Chemosensitivity and Chemoresistance Assays in Cancer | Clinical | Jan. 1, 2019 |
| Clotting Factors and Coagulant Blood Products | Clinical | Jan. 1, 2019 |
| Co-Surgeon/Team Surgeon | Reimbursement | Jan. 1, 2019 |
| Co-Surgeon/Team Surgeon (CES) | Reimbursement | Jan. 1, 2019 |
| Crysvita® (Burosumab-Twza) | Clinical | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Clinical | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|---|---------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Dental and Oral Surgical Procedures | Clinical | Dec. 1, 2018 |
| Drug Coverage Guidelines | Clinical | Jan. 1, 2019 |
| Drug Testing | Reimbursement | Jan. 1, 2019 |
| Enzyme Replacement Therapy | Clinical | Jan. 1, 2019 |
| Extracorporeal Shock Wave Therapy (ESWT) | Clinical | Jan. 1, 2019 |
| From – To Date Policy | Reimbursement | Jan. 1, 2019 |
| Genetic Testing for Hereditary Cancer | Clinical | Jan. 1, 2019 |
| Global Days | Reimbursement | Jan. 14, 2019 |
| Gonadotropin Releasing Hormone Analogs | Clinical | Jan. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Clinical | Jan. 1, 2019 |
| High Frequency Chest Wall Compression Devices | Clinical | Jan. 1, 2019 |
| Home Health Care | Clinical | Jan. 1, 2019 |
| Ilumya™ (Tildrakizumab-Asmn) | Clinical | Jan. 1, 2019 |
| Increased Procedural Services | Reimbursement | Jan. 1, 2019 |
| Increased Procedural Services (CES) | Reimbursement | Jan. 1, 2019 |
| Infliximab (Remicade®, Inflectra™, Renflexis™) | Clinical | Jan. 1, 2019 |
| Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines | Clinical | Jan. 1, 2019 |
| Injection and Infusion Services | Reimbursement | Jan. 14, 2019 |
| Injection and Infusion Services (CES) | Reimbursement | Jan. 14, 2019 |
| Luxturna™ (Voretigene Neparvovec-Rzyl) | Clinical | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Clinical | Jan. 1, 2019 |
| Maximum Dosage | Clinical | Jan. 1, 2019 |
| Maximum Frequency Per Day | Reimbursement | Jan. 1, 2019 |
| Maximum Frequency Per Day (CES) | Reimbursement | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|--|----------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Microsurgery | Reimbursement | Jan. 1, 2019 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Clinical | Jan. 1, 2019 |
| Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures | Reimbursement | Jan. 1, 2019 |
| Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging | Reimbursement | Jan. 1, 2019 |
| Multiple Procedures | Reimbursement | Jan. 1, 2019 |
| Neurophysiologic Testing and Monitoring | Clinical | Jan. 1, 2019 |
| Neuropsychological Testing Under the Medical Benefit | Clinical | Jan. 1, 2019 |
| Nonphysician Health Care Professionals Billing Evaluation and Management Codes | Reimbursement | Jan. 1, 2019 |
| Omnibus Codes | Clinical | Jan. 1, 2019 |
| Onpattro™ (Patisiran) | Clinical | Jan. 1, 2019 |
| Oxford's Outpatient Imaging Self-Referral | Clinical | Jan. 1, 2019 |
| Pediatric and Neonatal Critical and Intensive Care Services | Reimbursement | Jan. 1, 2019 |
| Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction | Reimbursement | Jan. 1, 2019 |
| Precertification Exemptions for Outpatient Services | Administrative | Jan. 1, 2019 |
| Preventive Care Services | Clinical | Jan. 1, 2019 |
| Procedure and Place of Service | Reimbursement | Jan. 14, 2019 |
| Prolonged Services | Reimbursement | Jan. 14, 2019 |
| Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement | Clinical | Jan. 1, 2019 |
| Radicava™ (Edaravone) | Clinical | Jan. 1, 2019 |
| Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement | Clinical | Jan. 1, 2019 |
| Radiopharmaceuticals and Contrast Media | Clinical | Jan. 1, 2019 |
| Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) | Clinical | Jan. 1, 2019 |
| Rituxan® (Rituximab) | Clinical | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|---|----------------|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | | |
| Routine Foot Care | Clinical | Jan. 1, 2019 |
| Services and Modifiers Not Reimbursable to Health Care Professionals | Reimbursement | Jan. 1, 2019 |
| Site of Service Differential | Reimbursement | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Clinical | Jan. 1, 2019 |
| Sodium Hyaluronate | Clinical | Jan. 1, 2019 |
| Supply Policy | Reimbursement | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Clinical | Jan. 1, 2019 |
| T Status Codes | Reimbursement | Jan. 14, 2019 |
| T Status Codes (CES) | Reimbursement | Jan. 14, 2019 |
| Telehealth and Telemedicine | Reimbursement | Jan. 1, 2019 |
| Telehealth and Telemedicine (CES) | Reimbursement | Jan. 1, 2019 |
| Time Span Codes | Reimbursement | Jan. 14, 2019 |
| Trogarzo™ (Ibalizumab-Uiyk) | Clinical | Jan. 1, 2019 |
| UPDATED/REVISED | | |
| Abnormal Uterine Bleeding and Uterine Fibroids | Clinical | Feb. 1, 2019 |
| Assisted Administration of Clotting Factors, Coagulant Blood Products and Other Hemostatics | Clinical | Feb. 1, 2019 |
| Attended Polysomnography for Evaluation of Sleep Disorders | Clinical | Feb. 1, 2019 |
| Autologous Chondrocyte Transplantation in the Knee | Clinical | Jan. 1, 2019 |
| Balloon Sinus Ostial Dilation | Clinical | Feb. 1, 2019 |
| Behavioral Health Services | Administrative | Feb. 1, 2019 |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Clinical | Jan. 1, 2019 |
| Botulinum Toxins A and B | Clinical | Feb. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Clinical | Jan. 1, 2019 |
| Breast Repair/Reconstruction Not Following Mastectomy | Clinical | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Clinical | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|--|----------------|----------------|
| UPDATED/REVISED | | |
| Claims Recovery | Administrative | Feb. 1, 2019 |
| Clinical Review | Administrative | Jan. 1, 2019 |
| Clinical Trials | Clinical | Jan. 1, 2019 |
| Clotting Factors, Coagulant Blood Products & Other Hemostatics | Clinical | Feb. 1, 2019 |
| Cochlear Implants | Clinical | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Clinical | Jan. 1, 2019 |
| Drug Coverage Criteria — New and Therapeutic Equivalent Medications | Clinical | Feb. 1, 2019 |
| Drug Coverage Guidelines | Clinical | Jan. 1, 2019 |
| Drug Coverage Guidelines | Clinical | Feb. 1, 2019 |
| Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements | Administrative | Feb. 1, 2019 |
| Electric Tumor Treatment Field Therapy | Clinical | Jan. 1, 2019 |
| Electrical Stimulation and Electromagnetic Therapy for Wounds | Clinical | Feb. 1, 2019 |
| Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business | Clinical | Feb. 1, 2019 |
| Experimental/Investigational Treatment | Administrative | Feb. 1, 2019 |
| Experimental/Investigational Treatment for NJ Plans | Administrative | Feb. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Sem-Implantable | Clinical | Jan. 1, 2019 |
| Home Health Care | Clinical | Jan. 1, 2019 |
| Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors | Clinical | Jan. 1, 2019 |
| Infertility Diagnosis and Treatment | Clinical | Jan. 1, 2019 |
| Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) | Clinical | Jan. 1, 2019 |
| Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease | Clinical | Feb. 1, 2019 |
| Macular Degeneration Treatment Procedures | Clinical | Jan. 1, 2019 |
| Magnetic Resonance Spectroscopy (MRS) | Clinical | Jan. 1, 2019 |
| Maximum Dosage | Clinical | Feb. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|--|----------------|----------------|
| UPDATED/REVISED | | |
| <u>Maximum Frequency Per Day</u> | Reimbursement | Feb. 1, 2019 |
| <u>Maximum Frequency Per Day (CES)</u> | Reimbursement | Feb. 1, 2019 |
| <u>Mechanical Stretching Devices</u> | Clinical | Jan. 1, 2019 |
| <u>Meniscus Implant and Allograft</u> | Clinical | Jan. 1, 2019 |
| <u>Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)</u> | Clinical | Jan. 1, 2019 |
| <u>Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</u> | Clinical | Jan. 1, 2019 |
| <u>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</u> | Reimbursement | Feb. 1, 2019 |
| <u>Neuropsychological Testing Under the Medical Benefit</u> | Clinical | Jan. 1, 2019 |
| <u>Nonphysician Health Care Professionals Billing Evaluation and Management Codes</u> | Reimbursement | Feb. 1, 2019 |
| <u>Occipital Neuralgia and Headache Treatment</u> | Clinical | Feb. 1, 2019 |
| <u>Omnibus Codes</u> | Clinical | Feb. 1, 2019 |
| <u>Osteochondral Grafting</u> | Clinical | Jan. 1, 2019 |
| <u>Percutaneous Vertebroplasty and Kyphoplasty</u> | Clinical | Jan. 1, 2019 |
| <u>Practitioner/Provider Administrative Claim Reconsideration and Appeals Process</u> | Administrative | Jan. 1, 2019 |
| <u>Private Duty Nursing Services (PDN)</u> | Clinical | Jan. 1, 2019 |
| <u>Radiopharmaceuticals and Contrast Media</u> | Clinical | Jan. 1, 2019 |
| <u>Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)</u> | Clinical | Feb. 1, 2019 |
| <u>Skilled Care and Custodial Care Services</u> | Administrative | Jan. 1, 2019 |
| <u>Skin and Soft Tissue Substitutes</u> | Clinical | Feb. 1, 2019 |
| <u>Surgical Treatment for Spine Pain</u> | Clinical | Feb. 1, 2019 |
| <u>Temporomandibular Joint Disorders</u> | Clinical | Feb. 1, 2019 |
| <u>Total Artificial Heart</u> | Clinical | Jan. 1, 2019 |
| <u>Transpupillary Thermotherapy</u> | Clinical | Jan. 1, 2019 |
| <u>Umbilical Cord Blood Harvesting and Storage for Future Use</u> | Clinical | Jan. 1, 2019 |

[UnitedHealthcare Affiliates](#)

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Oxford® Medical and Administrative Policy Updates

| Policy Title | Policy Type | Effective Date |
|---|---------------|----------------|
| UPDATED/REVISED | | |
| Unicondylar Spacer Devices for Treatment of Pain or Disability | Clinical | Jan. 1, 2019 |
| Urgent Care | Reimbursement | April 1, 2019 |
| Vagus Nerve Stimulation | Clinical | Jan. 1, 2019 |
| Visual Information Processing Evaluation and Orthoptic and Vision Therapy | Clinical | Jan. 1, 2019 |
| Warming Therapy and Ultrasound Therapy for Wounds | Clinical | Jan. 1, 2019 |
| Xolair® (Omalizumab) | Clinical | Feb. 1, 2019 |

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

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

[UnitedHealthcare Affiliates](#)

UnitedHealthcare West

Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [January 2019 UnitedHealthcare West Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

| Policy Title | Effective Date |
|---|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Jan. 1, 2019 |
| Carrier Testing for Genetic Diseases | Jan. 1, 2019 |
| Chemosensitivity and Chemoresistance Assays in Cancer | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Jan. 1, 2019 |
| Extracorporeal Shock Wave Therapy (ESWT) | Jan. 1, 2019 |
| Genetic Testing for Hereditary Cancer | Jan. 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Jan. 1, 2019 |
| Hepatitis Screening | Jan. 1, 2019 |
| High Frequency Chest Wall Compression Devices | Jan. 1, 2019 |
| Intensity-Modulated Radiation Therapy | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Jan. 1, 2019 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Jan. 1, 2019 |
| Neurophysiologic Testing and Monitoring | Jan. 1, 2019 |
| Neuropsychological Testing Under the Medical Benefit | Jan. 1, 2019 |
| Omnibus Codes | Jan. 1, 2019 |
| Preventive Care Services | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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UnitedHealthcare West Medical Management Guideline Updates

| Policy Title | Effective Date |
|---|----------------|
| TAKE NOTE: ANNUAL CPT® AND HCPCS CODE UPDATES | |
| Proton Beam Radiation Therapy | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Jan. 1, 2019 |
| Sodium Hyaluronate | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Jan. 1, 2019 |
| Therapeutic Radiopharmaceuticals | Jan. 1, 2019 |
| UPDATED/REVISED | |
| Ablative Treatment for Spinal Pain | Jan. 1, 2019 |
| Autologous Chondrocyte Transplantation in the Knee | Jan. 1, 2019 |
| Bone or Soft Tissue Healing and Fusion Enhancement Products | Jan. 1, 2019 |
| Breast Imaging for Screening and Diagnosing Cancer | Jan. 1, 2019 |
| Cardiovascular Disease Risk Tests | Jan. 1, 2019 |
| Cochlear Implants | Jan. 1, 2019 |
| Deep Brain and Cortical Stimulation | Jan. 1, 2019 |
| Electric Tumor Treatment Field Therapy | Jan. 1, 2019 |
| Electrical Stimulation and Electromagnetic Therapy for Wounds | Feb. 1, 2019 |
| Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood | March 1, 2019 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Jan. 1, 2019 |
| Hepatitis Screening | Jan. 1, 2019 |
| Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors | Jan. 1, 2019 |
| Intensity-Modulated Radiation Therapy | Jan. 1, 2019 |
| Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) | Jan. 1, 2019 |
| Macular Degeneration Treatment Procedures | Jan. 1, 2019 |
| Magnetic Resonance Spectroscopy (MRS) | Jan. 1, 2019 |
| Mechanical Stretching Devices | Jan. 1, 2019 |
| Meniscus Implant and Allograft | Jan. 1, 2019 |

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[UnitedHealthcare Affiliates](#)

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UnitedHealthcare West Medical Management Guideline Updates

| Policy Title | Effective Date |
|---|----------------|
| UPDATED/REVISED | |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions | Jan. 1, 2019 |
| Omnibus Codes | Feb. 1, 2019 |
| Osteochondral Grafting | Jan. 1, 2019 |
| Proton Beam Radiation Therapy | Jan. 1, 2019 |
| Skin and Soft Tissue Substitutes | Feb. 1, 2019 |
| Spinal Ultrasonography | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Jan. 1, 2019 |
| Surgical Treatment for Spine Pain | Feb. 1, 2019 |
| Temporomandibular Joint Disorders | Feb. 1, 2019 |
| Total Artificial Heart | Jan. 1, 2019 |
| Transpupillary Thermotherapy | Jan. 1, 2019 |
| Umbilical Cord Blood Harvesting and Storage for Future Use | Jan. 1, 2019 |
| Unicondylar Spacer Devices for Treatment of Pain or Disability | Jan. 1, 2019 |
| Vagus Nerve Stimulation | 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 [January 2019 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 |
|--|
| UPDATED/REVISED (Effective Feb. 1, 2019) |
| Complementary and Alternative Medicine |
| Medical Necessity |
| Post Mastectomy Surgery |

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.

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