

MARCH 2019

# network bulletin

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

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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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# Front & Center

Stay up to date with the latest news and information.

## [Webinar Series on Adverse Childhood Experiences \(ACEs\)](#)

UnitedHealthcare and OptumHealth Education are hosting an accredited medical education series on Adverse Childhood Experiences (ACEs). The two webinars offer free continuing medical education (CME) and continuing education units (CEU). >

## [Congratulations to the First Two \\$500 Winners in the Go Paperless Sweepstakes](#)

You could be next! Link Password Owners can enter by using the Paperless Delivery Options tool to turn off paper delivery of at least one or more types of letters available in Document Vault. See [UHCprovider.com/paperless](http://UHCprovider.com/paperless) for details. >

## [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. >

## [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, Florida, Iowa, Maryland, Michigan, Mississippi, Nebraska, Ohio, Rhode Island, Texas, Washington and Wisconsin. Beginning April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceuticals for UnitedHealthcare commercial members will change. >

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

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



## [Clinical Practice Guidelines Updated on UHCprovider.com](#)

UnitedHealthcare has posted updated Clinical Practice Guidelines on [UHCprovider.com](http://UHCprovider.com). >

## [More Fax Numbers for Medical Prior Authorization Will Retire](#)

Ten more fax numbers used for medical prior authorization will retire on May 6, 2019. More will be retired throughout the year. The fax numbers are listed at [UHCprovider.com/fax](http://UHCprovider.com/fax). >

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

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

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

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## Webinar Series on Adverse Childhood Experiences (ACEs)

UnitedHealthcare and OptumHealth Education are hosting a two-part accredited webinar series on Adverse Childhood Experiences (ACEs) in partnership with the Center for Youth Wellness, founded by Dr. Nadine Burke Harris. The center's goal is to revolutionize pediatric medicine and transform the way society responds to children exposed to significant ACEs and toxic stress. Their comprehensive, multidisciplinary approach helps improve outcomes for children and families. Webinars will be available on-demand at the OptumHealth Education website at [optumhealtheducation.com](http://optumhealtheducation.com) under pediatrics.

**Webinar 1:** Introduction to ACEs provides an overview on the current science on ACEs, the relationship of early-life adversity to chronic dysregulation in the stress response system (toxic stress) and multi-systemic alterations. The webinar also helps health care professionals understand the relationship between early-life adversity and toxic stress to clinical outcomes in pediatric primary care.

**Webinar 2:** How to screen for ACEs in pediatric practice compares protocols and practices for ACEs screening and helps health care professionals identify the steps to integrate ACEs screening into medical practice. It also covers applying and using appropriate referral, treatment and intervention strategies and services for patients, and the webinar reviews support and opportunities offered by the National Pediatric Practice Community to facilitate integration of ACEs screening into practice.



For more information on the webinars, visit [optumhealtheducation.com/pediatrics/group/pediatrics](http://optumhealtheducation.com/pediatrics/group/pediatrics) or contact your Provider Advocate. For technical issues related to [optumhealtheducation.com](http://optumhealtheducation.com), send an email to [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com).

### Congratulations to the First Two \$500 Winners in the Go Paperless Sweepstakes

You could be next! Link Password Owners can enter by using the [Paperless Delivery Options](#) tool to turn off paper delivery of at least one or more types of letters available in [Document Vault](#). See [UHCprovider.com/paperless](http://UHCprovider.com/paperless) for details.

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# Changes in Advance Notification and Prior Authorization Requirements

## Correction to Code Additions to Prior Authorization published in January Network Bulletin

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

Category	Codes
Stimulators (New)	64590

For dates of service on or after **July 1, 2019**, (changed from April 1, 2019) a new code will be added to prior authorization for the following plans: **UnitedHealthcare Commercial Plans** (UnitedHealthcare Mid Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne, UnitedHealthcare Commercial, UnitedHealthcare of the River Valley and UnitedHealthcare West):

Category	Codes
Durable Medical Equipment (DME)	E0986

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## Changes in Advance Notification and Prior Authorization Requirements

### Code Additions to Prior Authorization

Effective for dates of service on or after **April 1, 2019**, due to state mandate the following procedure codes will require prior authorization for **UnitedHealthcare Community Plan of California (Medi-Cal Plan)**:

Category	Codes
Cancer Supportive Care	J0897, J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110
Chemotherapy	J0640, J0641, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9031, J9032, J9033, J9034, J9035, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208, J9209, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9228, J9229, J9230, J9245, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9270, J9271, J9280, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9311, J9312, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9357, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2049, Q2050, Q5107, Q5111

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## Changes in Advance Notification and Prior Authorization Requirements

### New Prior Authorization Category for Existing Prior Authorization Codes

Effective April 1, 2019, a new prior authorization category – Stimulators will be implemented. As of result of this new category, existing prior authorization required codes will be re-categorized. This change does not impact any requirements or criteria. Some stimulator codes may still remain under existing categories. Impacted plans are: UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, Medica and Preferred Care of Florida health plan, UnitedHealthcare Community Dual Special Needs Plans, UnitedHealthcare Community Plans-Medicare, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Connected TX (Medicare-Medicaid plan) and MyCare Ohio (Medicare-Medicaid plan). Changes to be seen:

Codes	Previous category	New category/Subcategory
E0747, E0748, E0749, E0760	<b>Bone growth stimulator</b>	<b>Stimulators/ Bone growth stimulator</b>
61850, 61863, 61864, 61867, 61868, 61886, 64555	<b>Potentially unproven services</b> Medicare Advantage Medica Preferred Care of Florida, UnitedHealthcare Community Plans-Medicare, UnitedHealthcare Community Dual Special Needs Plans	<b>Stimulators/Neurostimulator</b>
	<b>Experimental or investigational services</b> UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Connected TX (Medicare-Medicaid plan) and MyCare Ohio (Medicare-Medicaid plan)	
63650, 63655, 63685	<b>Spinal stimulator for pain management</b>	<b>Stimulators/Neurostimulator</b>
64553, 64570	<b>Spinal surgery</b> (UnitedHealthcare Connected TX (Medicare-Medicaid plan) and MyCare Ohio (Medicare-Medicaid plan)	<b>Stimulators/Neurostimulator</b>
61885, 64568	<b>Vagus nerve stimulation</b>	<b>Stimulators/Neurostimulator</b>

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## Changes in Advance Notification and Prior Authorization Requirements

### Code Removals from Existing Prior Authorization Categories

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

Effective for dates of service on or after **April 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Hawaii**:

Category	Codes
Non-Emergent Air Ambulance Transport	A0430, A0431, A0435, A0436

For dates of service on or after **April 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Commercial Plans** (Golden Rule Insurance Company [group 902667], UnitedHealthcare Mid Atlantic Health Plan, Navigate, Neighborhood Health Partnership, UnitedHealthOne, UnitedHealthcare commercial, UnitedHealthcare of the River Valley, United Healthcare Life Insurance Company [group 755870] and Oxford):

Category	Codes
Site of Service Office Based	62320, 62322, 10120, 10140, 11400, 11401, 11404, 11420, 11421, 11423, 11424, 45300, 45330, 46922, 64520, 55250



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

- UnitedHealthcare Medicare, UnitedHealthcare Community plan, and UnitedHealthcare Commercial Plans – [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.



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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, Florida, Iowa, Maryland, Michigan, Mississippi, Nebraska, Ohio, Rhode Island, Texas, Washington and Wisconsin (see impacted codes and process below). Effective April 1, 2019, the process to request prior authorization for therapeutic radiopharmaceuticals for UnitedHealthcare commercial plan members will change (see updated process below).

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

Training sessions and overviews of the Optum process will be available beginning March 25, 2019.

- The training schedule will be available at [UHCprovider.com > Prior Authorization and Notification > \*\*Oncology\*\* > Therapeutic Radiopharmaceuticals](#). Frequently asked questions, quick references guides and other resources can also be found at this site.

### 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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## Clinical Practice Guidelines Updated on UHCprovider.com

UnitedHealthcare has posted updated Clinical Practice Guidelines for the following conditions on the [UHCprovider.com](#) provider portal. If these impact your practice, please review them at your earliest convenience:

- Stem Cell Use Guidelines
- Optum Solid Organ Transplant Guidelines
- Neonatal Resource Services (NRS) Inhaled-Nitric-Oxide
- Infertility Medical Necessity Guidelines
- 2019 eviCore Radiology Guidelines
- Cardiology Guidelines



To view a guideline, go to [UHCprovider.com > Policies and Protocols > Clinical Guidelines >](#)  
(Sort by Newest First).

### More Fax Numbers for Medical Prior Authorization Will Retire

Ten more fax numbers used for medical prior authorization will retire on May 6, 2019. More will be retired throughout the year. The fax numbers are listed at [UHCprovider.com/fax](#).

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# Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy update listed in the following table, please refer to the [February 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
<b>TAKE NOTE</b>	
<a href="#">Dental Policy Template Update</a>	
<b>UPDATED (Effective Feb. 1, 2019)</b>	
<a href="#">National Standardized Dental Claim Utilization Review Criteria</a>	Utilization Review Guideline (URG)

**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.

## Link Self-Service Updates and Enhancements

You asked, we listened. See what improvements we've made thanks to your feedback. To learn about [Link](#) tools, register for instructor-led webinars at [UHCprovider.com/training](#) or watch short video tutorials on [UHC On Air](#).



# UnitedHealthcare Commercial

Learn about program revisions and requirement updates.



## [Peer Comparison Reports to be Mailed in April](#)

In April 2019, select primary care physicians will be mailed a letter directing them to the Document Vault on Link to view their Peer Comparison report. The report shows how your practice compares to other physicians in our network and identifies areas where you're doing well and where there may be some room for improvement. >

## [UnitedHealth Premium® Updated Methodology and Version 12 Mailing](#)

An updated version of the Premium program methodology will be available on UnitedHealthPremium. UHC.com in the summer of 2019. In the summer of 2019, we'll send notices to physicians that their designation details are available on the Premium program website. >

## [Participating Provider Laboratory and Pathology Protocol](#)

UnitedHealthcare and UnitedHealthcare Oxford require physicians and other qualified health care professionals to inform patients when referring them to or including an out-of-network care provider in that patient's health plan. To help that disclosure process and save members potential costs from using an out-of-network care provider, beginning June 1, 2019, network care providers in Connecticut and Maryland must obtain consent from UnitedHealthcare or UnitedHealthcare Oxford members before referring them to or using out-of-network laboratories and pathologists for their care. >

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

[UnitedHealthcare Commercial](#)

## Peer Comparison Reports to be Mailed in April

In April 2019, select primary care physicians will be mailed a letter directing them to the Document Vault on Link to view their Peer Comparison report. The report shows how your practice compares to other physicians in our network and identifies areas where you're doing well and where there may be some room for improvement.

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

- Analyzing claims data to identify variations from peer benchmarks and alerting physicians whose paid claims data for UnitedHealthcare members over a given period varies from expected practice patterns
- 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 variations



You can find more information about peer comparison reports at [UHCprovider.com/peer](https://UHCprovider.com/peer). You can also email us at [physician\\_engagement@uhc.com](mailto: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](#)

# UnitedHealth Premium<sup>®</sup> Updated Methodology and Version 12 Mailing

## Premium Program Version 12 Methodology Coming Soon

An updated version of the Premium program methodology will be available on [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com) in the summer of 2019. This updated methodology will feature enhancements to the upcoming version of the UnitedHealth Premium program.

## Version 12 Annual Evaluation Letters

In the summer of 2019, we'll send notices to physicians that their designation details are available on the Premium program website. If you aren't yet registered for [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com) and Link, instructions will accompany the notice. You can register before your notice arrives by visiting [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com) and selecting New User in the top right corner.



For more information about the Premium program, go to [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com) or call **866-270-5588**.

[UnitedHealthcare Commercial](#)

# Participating Provider Laboratory and Pathology Protocol

UnitedHealthcare and UnitedHealthcare Oxford require physicians and other qualified health care professionals to inform patients when referring them to or including an out-of-network care provider in that patient's health plan. To help that disclosure process and save members potential costs from using an out-of-network care provider, beginning June 1, 2019, network care providers in Connecticut and Maryland must obtain consent from UnitedHealthcare or UnitedHealthcare Oxford members before referring them to or using out-of-network laboratories and pathologists for their care.

## Affected Services

- Specimens collected in the office and sent to an out-of-network laboratory or pathologist for processing
- Providing a member with a prescription, requisition or other form to obtain laboratory or pathology services outside your office

## Points to Remember

- For each episode of care, you will need to submit a separate Laboratory and Pathology Services Consent Form, unless the occurrence is part of an ongoing monitoring procedure.
- Each form is only valid for 15 days from the date of signature, unless the "Ongoing Monitoring" box is selected, in which case the form is valid for one year from the date of signature.
- **If the member indicates on the consent form that they choose to use an out-of-network laboratory or pathologist and:**
  - **If the member has out-of-network benefits, then the out-of-network laboratory/pathology claim will be processed according to the member's out-of-network benefits under the member's plan and any out-of-network cost shares will apply.**

- **If the member does not have out-of-network benefits, then the member will be responsible under their plan for the costs of the out-of-network laboratory/pathology services.**
- **If you do not send us a signed copy of the form showing the member has consented to the use of an out-of-network laboratory or pathologist (within 15 days of our request), then we'll reverse the claim for the Evaluation & Management (E&M) service from the office visit that generated the out-of-network laboratory or pathology service, and administratively deny the claim for non-compliance with this protocol. If we've made any previous payments for the E&M service, that amount will be subject to recovery (and you may not bill the member for such amount).**
- If you collect specimens in your office and use a network laboratory or pathologist for processing, this protocol will not apply.
- Use of network laboratories and pathologists is always required, with the exceptions of services authorized by us or a payer, or those provided in emergency situations.

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# Participating Provider Laboratory and Pathology Protocol

### For Maryland Only

The Participating Provider Laboratory and Pathology Protocol does not apply to claims for services arising under plans underwritten by MAMSI Life and Health Insurance Company, MD-Individual Practice Association, Inc. or Optimum Choice, Inc. Please refer to the Administrative Guide, for more information for these plans.

### Resources

For more details about the Participating Provider Laboratory and Pathology Protocol, visit:

- [UHCprovider.com](http://UHCprovider.com) > Policies and Protocols > Protocols
- [oxhp.com](http://oxhp.com) > Providers > Tools & Resources > Medical and Administrative Policies > Medical & Administrative Policy Index (You can find the full Participating Provider Laboratory and Pathology Protocol, Participating Provider Laboratory and Pathology FAQs and Laboratory and Pathology Services Consent Form for Members)



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



[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 [February 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
<b>NEW</b>		
<a href="#">Electroencephalographic (EEG) Monitoring and Video Recording</a>	Medical	April 1, 2019
<a href="#">Gamifant™ (Emapalumab-Lzsg)</a>	Drug	Feb. 1, 2019
<a href="#">Subcutaneous Implantable Hormone Pellets</a>	Drug	Feb. 1, 2019
<a href="#">Subcutaneous Implantable Naltrexone Pellets</a>	Drug	Feb. 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">Apheresis</a>	Medical	Feb. 1, 2019
<a href="#">17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)</a>	Drug	Feb. 1, 2019
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	Medical	April 1, 2019
<a href="#">Clinical Trials</a>	CDG	Feb. 1, 2019
<a href="#">Clotting Factors, Coagulant Blood Products &amp; Other Hemostatics</a>	Drug	Feb. 1, 2019
<a href="#">Cognitive Rehabilitation</a>	Medical	March 1, 2019
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Medical	Feb. 1, 2019
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Medical	Feb. 1, 2019
<a href="#">Habilitative Services and Outpatient Rehabilitation Therapy</a>	CDG	Feb. 1, 2019
<a href="#">Home Hemodialysis</a>	Medical	March 1, 2019
<a href="#">Hospital Readmissions</a>	QOC	Feb. 1, 2019
<a href="#">Infertility Services</a>	CDG	Feb. 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
<b>UPDATED/REVISED</b>		
<a href="#"><u>Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Care</u></a>	URG	April 1, 2019
<a href="#"><u>Manipulation Under Anesthesia</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</u></a>	Medical	April 1, 2019
<a href="#"><u>Negative Pressure Wound Therapy</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Neurophysiologic Testing and Monitoring</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Neuropsychological Testing Under the Medical Benefit</u></a>	Medical	March 1, 2019
<a href="#"><u>Outpatient Cardiac Telemetry</u></a>	Medical	March 1, 2019
<a href="#"><u>Pharmacogenetic Testing</u></a>	Medical	April 1, 2019
<a href="#"><u>Provider Administered Drugs – Site of Care Review Guidelines</u></a>	URG	April 1, 2019
<a href="#"><u>Sodium Hyaluronate</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</u></a>	Medical	March 1, 2019
<a href="#"><u>Total Artificial Disc Replacement for the Spine</u></a>	Medical	March 1, 2019
<a href="#"><u>Transcatheter Heart Valve Procedures</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>Transcranial Magnetic Stimulation</u></a>	Medical	Feb. 1, 2019
<a href="#"><u>White Blood Cell Colony Stimulating Factors</u></a>	Drug	Feb. 1, 2019
<a href="#"><u>Whole Exome and Whole Genome Sequencing</u></a>	Medical	April 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.

## [Revision to the Consultation Services Policy](#)

UnitedHealthcare is revising the Consultation Services Policy and will no longer reimburse CPT® codes 99241-99255. This change aligns UnitedHealthcare with the Centers for Medicare and Medicaid Services (CMS). We would like to partner with care providers on older fee schedules (2009 and prior) to move to more current fee schedules. >

## [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](#)

# Revision to the Consultation Services Policy

UnitedHealthcare is revising the Consultation Services Policy and will no longer reimburse CPT® codes 99241-99255. This change aligns UnitedHealthcare with the Centers for Medicare and Medicaid Services (CMS). We would like to partner with care providers on older fee schedules (2009 and prior) to move to more current fee schedules.

UnitedHealthcare will take a phased approach to implement this change as follows:

1. Effective with dates of service of June 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice with a participation agreement that includes contract rates determined on a stated year 2010 or later CMS RVU basis.
2. Effective with dates of service of October 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice.
3. Health care professionals and medical practices should instead bill consultation services in accordance with current evaluation and management guidelines published by CMS.
4. With respect to telehealth and telemedicine services, the Telehealth & Telemedicine Policy will continue to apply and HCPC codes G0406 – G0408, G0425 – G0427, G0508 and G0509 will be payable pursuant to that policy, the participation agreement and the member's benefit plan.
5. Consultation services may still be reimbursed when billed in accordance with the Preventive Care Services Coverage Determination Guideline for services such as lactation counseling.
6. At this time, we will not be altering the Global Days Policy to apply a reduction to evaluation and management codes submitted with modifiers 25 or 57 as once announced with this Consultation Services policy change.

CMS ceased reimbursement of consultation services CPT codes in January 2010 and increased the Relative Value Units (RVUs) for E/M codes at that time to offset this shift in its reimbursement methodology.

For this reason, UnitedHealthcare encourages providers who are on an older fee schedule to modernize their fee schedules to bring them into alignment with CMS's current Relative Value Unit methodology, since the older fee schedule reimbursement does not appropriately align with current RVU structure for E/M services and many other procedure codes.

UnitedHealthcare appreciates this change may have an impact on participating health care professionals and medical practices. So, if you have concerns or questions, or to update your fee schedule to a more current fee schedule, please reach out to your UnitedHealth Network representative.



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

## [Dual Special Needs Plan Readmission Guidelines Update](#)

Consistent with the Centers for Medicare & Medicaid Services' (CMS) guidance, UnitedHealthcare Community Plan on June 1, 2019, will update the existing Dual Special Needs (DSNP) Readmission Review Program Clinical Guidelines to apply to Massachusetts Senior Care Options. Any inpatient admission will be subject to the readmission review requirements. >

## [Neonatal Resource Services Clinical Guideline: Inhaled Nitric Oxide \(iNO\)](#)

A new Neonatal Resource Services (NRS) medical necessity clinical guideline on Inhaled Nitric Oxide (iNO) will take effect April 1, 2019. This guideline provides an evidence-based approach to inhaled nitric oxide therapy and describes the limitations of and recommendations for this treatment. The guideline will apply to UnitedHealthcare Community Plan members in Hawaii, Maryland, Michigan, Rhode Island, Tennessee, Virginia and Wisconsin. >



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

[UnitedHealthcare Community Plan](#)

## Dual Special Needs Plan Readmission Guidelines Update

Consistent with the Centers for Medicare & Medicaid Services' (CMS) guidance, UnitedHealthcare Community Plan on June 1, 2019, will update the existing Dual Special Needs (DSNP) Readmission Review Program Clinical Guidelines to apply to Massachusetts Senior Care Options. Any inpatient admission will be subject to the readmission review requirements.

The Readmission Clinical Program Clinical Guidelines are based on CMS billing requirements. These guidelines will apply if a care provider submits an inpatient claim within 30 days of a previous inpatient claim for the same member and facility. No further action needs to be taken at this time.

### How it Works

If we identify a readmission claim, we'll suspend the claim and request associated medical records for the original claim and the suspended claim. If we determine that the readmission was preventable, we may not reimburse the readmission claim.

If you'd like to review the Readmission Review Program Clinical Guidelines, go to [UHCprovider.com](#) > Menu > Health Plans by State > Massachusetts > Medicare > UnitedHealthcare Senior Care Options. You can also view the Readmission Review Program Frequently Asked Questions document on the website.



If you have questions, call Provider Services at **888-867-5511**.

### Neonatal Resource Services Clinical Guideline: Inhaled Nitric Oxide (iNO)

A new Neonatal Resource Services (NRS) medical necessity clinical guideline on Inhaled Nitric Oxide (iNO) will take effect April 1, 2019. This guideline provides an evidence-based approach to inhaled nitric oxide therapy and describes the limitations of and recommendations for this treatment. The guideline will apply to UnitedHealthcare Community Plan members in Hawaii, Maryland, Michigan, Rhode Island, Tennessee, Virginia and Wisconsin.

For more information, visit [UHCprovider.com/en/policies-protocols/clinical-guidelines.html](https://www.uhcprovider.com/en/policies-protocols/clinical-guidelines.html).

[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 [February 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
<b>NEW</b>		
<a href="#">Electroencephalographic (EEG) Monitoring and Video Recording</a>	Medical	May 1, 2019
<a href="#">Gamifant™ (Emapalumab-Lzsg)</a>	Drug	Feb. 1, 2019
<a href="#">Negative Pressure Wound Therapy</a>	Medical	May 1, 2019
<a href="#">Standing Systems and Gait Trainers</a>	Medical	May 1, 2019
<a href="#">Subcutaneous Implantable Hormone Pellets</a>	Drug	Feb. 1, 2019
<a href="#">Subcutaneous Implantable Naltrexone Pellets</a>	Drug	Feb. 1, 2019
<a href="#">Therapeutic Radiopharmaceuticals</a>	Medical	May 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)</a>	Drug	Feb. 1, 2019
<a href="#">Ablative Treatment for Spinal Pain</a>	Medical	Feb. 1, 2019
<a href="#">Apheresis</a>	Medical	Feb. 1, 2019
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	Medical	April 1, 2019
<a href="#">Clinical Trials</a>	CDG	Feb. 1, 2019
<a href="#">Cognitive Rehabilitation</a>	Medical	April 1, 2019
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Medical	Feb. 1, 2019
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Medical	April 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
<b>UPDATED/REVISED</b>		
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Medical	Feb. 1, 2019
<a href="#">Glaucoma Surgical Treatments</a>	Medical	April 1, 2019
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Medical	Feb. 1, 2019
<a href="#">Home Hemodialysis</a>	Medical	April 1, 2019
<a href="#">Manipulation Under Anesthesia</a>	Medical	Feb. 1, 2019
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Medical	April 1, 2019
<a href="#">Neurophysiologic Testing and Monitoring</a>	Medical	Feb. 1, 2019
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Medical	April 1, 2019
<a href="#">Outpatient Cardiac Telemetry</a>	Medical	April 1, 2019
<a href="#">Pharmacogenetic Testing</a>	Medical	April 1, 2019
<a href="#">Provider Administered Drugs – Site of Care Review Guidelines</a>	URG	April 1, 2019
<a href="#">Sodium Hyaluronate</a>	Medical	Feb. 1, 2019
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Medical	April 1, 2019
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Medical	April 1, 2019
<a href="#">Transcatheter Heart Valve Procedures</a>	Medical	Feb. 1, 2019
<a href="#">Transcranial Magnetic Stimulation</a>	Medical	Feb. 1, 2019
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Drug	Feb. 1, 2019
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Medical	April 1, 2019

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# UnitedHealthcare Medicare Advantage

Learn about Medicare policy  
and guideline changes.

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

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



[UnitedHealthcare Medicare Advantage](#)

# UnitedHealthcare Medicare Advantage Policy Guideline Updates

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

Policy Title
UPDATED/REVISED (Approved on Jan. 9, 2019)
<a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a>
<a href="#">Breast Reconstruction Following Mastectomy (NCD 140.2)</a>
<a href="#">Collagen Meniscus Implant (NCD 150.12)</a>
<a href="#">Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.4)</a>
<a href="#">Corus® CAD (Coronary Artery Disease)</a>
<a href="#">Cytogenetic Studies (NCD 190.3)</a>
<a href="#">Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)</a>
<a href="#">Heartsbreath Test for Heart Transplant Rejection (NCD 260.10)</a>
<a href="#">Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (NCD 240.3)</a>
<a href="#">Home Health Visits to a Blind Diabetic (NCD 290.1)</a>
<a href="#">Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)</a>
<a href="#">Incontinence Control Devices (NCD 230.10)</a>
<a href="#">Inpatient Hospital Pain Rehabilitation Programs (NCD 10.3)</a>
<a href="#">Insertion of Posterior Spinous Process Device</a>
<a href="#">Knee Orthoses</a>
<a href="#">Low Frequency, Non-Contact, Non-Thermal Ultrasound</a>
<a href="#">Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)</a>
<a href="#">Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (NCD 210.14)</a>

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[UnitedHealthcare Medicare Advantage](#)

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**UnitedHealthcare Medicare Advantage Policy Guideline Updates**

Policy Title
UPDATED/REVISED (Approved on Jan. 9, 2019)
<a href="#">Medical Nutrition Therapy (NCD 180.1)</a>
<a href="#">Mobility Devices (Non-Ambulatory) and Accessories</a>
<a href="#">Obsolete or Unreliable Diagnostic Tests (NCD 300.1)</a>
<a href="#">Outpatient Intravenous Insulin Treatment (NCD 40.7)</a>
<a href="#">Pharmacogenomic Testing for Warfarin Response (NCD 90.1)</a>
<a href="#">Postural Drainage Procedures and Pulmonary Exercises (NCD 240.7)</a>
<a href="#">Sacral Nerve Stimulation for Urinary Incontinence (NCD 230.18)</a>
<a href="#">Sweat Test (190.5)</a>
<a href="#">Thermal Intradiscal Procedures (TIPs) (NCD 150.11)</a>
<a href="#">Treatment of Actinic Keratosis (NCD 250.4)</a>
<a href="#">Uroflowmetric Evaluations (NCD 230.2)</a>

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[UnitedHealthcare Medicare Advantage](#)

# UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the [February 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
UPDATED/REVISED (Approved on Jan. 15, 2019)
<a href="#">Allergy Testing and Allergy Immunotherapy</a>
<a href="#">Ambulance Services</a>
<a href="#">Blepharoplasty and Related Procedures</a>
<a href="#">Brachytherapy Procedures</a>
<a href="#">Cardiac Procedures: Pacemakers, Defibrillators and Pulmonary Artery Pressure Measurements</a>
<a href="#">Cardiovascular Diagnostic Procedures</a>
<a href="#">Chelation Therapy</a>
<a href="#">Dialysis Services</a>
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>
<a href="#">Evaluation and Management Services</a>
<a href="#">Gastroesophageal and Gastrointestinal (GI) Services and Procedures</a>
<a href="#">Genetic Testing</a>
<a href="#">Infusion Pump Therapy</a>
<a href="#">Laser Procedures</a>
<a href="#">Medications/Drugs (Outpatient/Part B)</a>
<a href="#">Ostomy Supplies</a>
<a href="#">Pain Management and Pain Rehabilitation</a>
<a href="#">Stimulators: Electrical and Spinal Cord Stimulators</a>
<a href="#">Wound Treatments</a>

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# Doing Business Better

Learn about how we make improved health care decisions.



## [UnitedHealthcare Credentialing Plan 2019–2021 Summary of Changes](#)

UnitedHealthcare reviews and updates our Credentialing Plan at least every two years to maintain compliance with all state and federal regulatory requirements and accreditation requirements of the National Committee for Quality Assurance (NCQA). The 2019–2021 UnitedHealthcare Credentialing Plan will be effective June 1, 2019. >

[Doing Business Better](#)

## UnitedHealthcare Credentialing Plan 2019–2021 Summary of Changes

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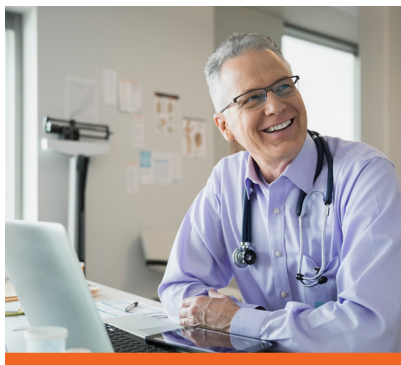
Here are some of the key changes:

- Clarified that the Medicare and Medicaid Sanctions Review applies to all providers, regardless of line of business — Medicare, Medicaid or commercial.
- Clarified the role and composition of the hearing panel.
- Added the CMS Preclusion List requirements.



# UnitedHealthcare Affiliates

Learn about updates with our company partners.



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

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

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

[UnitedHealthcare Affiliates](#)

# Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [February 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
<b>NEW</b>		
<a href="#">Electroencephalographic (EEG) Monitoring and Video Recording</a>	Clinical	April 1, 2019
<a href="#">Gamifant™ (Emapalumab-Lzsg)</a>	Clinical	Feb. 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)</a>	Clinical	Feb. 1, 2019
<a href="#">Ablative Treatment for Spinal Pain</a>	Clinical	Feb. 1, 2019
<a href="#">Acquired Rare Disease Drug Therapy Exception Process</a>	Administrative	Feb. 1, 2019
<a href="#">Ambulance</a>	Reimbursement	Feb. 4, 2019
<a href="#">Apheresis</a>	Clinical	Feb. 1, 2019
<a href="#">Assistant Surgeon</a>	Reimbursement	March 1, 2019
<a href="#">Assisted Administration of Clotting Factors, Coagulant Blood Products &amp; Other Hemostatics</a>	Clinical	March 1, 2019
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	Clinical	April 1, 2019
<a href="#">Clinical Trials</a>	Clinical	March 1, 2019
<a href="#">Clotting Factors, Coagulant Blood Products &amp; Other Hemostatics</a>	Clinical	Feb. 1, 2019
<a href="#">Clotting Factors, Coagulant Blood Products &amp; Other Hemostatics</a>	Clinical	March 1, 2019
<a href="#">Clotting Factors, Coagulant Blood Products &amp; Other Hemostatics</a>	Clinical	May 1, 2019
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Clinical	Feb. 1, 2019
<a href="#">Coordination of Benefits</a>	Administrative	Feb. 1, 2019
<a href="#">Drug Coverage Criteria — New and Therapeutic Equivalent Medications</a>	Clinical	March 1, 2019
<a href="#">Drug Coverage Guidelines</a>	Clinical	Feb. 1, 2019

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Drug Coverage Guidelines</a>	Clinical	Feb. 15, 2019
<a href="#">Drug Coverage Guidelines</a>	Clinical	March 1, 2019
<a href="#">Durable Medical Equipment, Orthotics and Prosthetics</a>	Reimbursement	Feb. 4, 2019
<a href="#">Durable Medical Equipment, Orthotics and Prosthetics (CES)</a>	Reimbursement	Feb. 4, 2019
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Clinical	Feb. 1, 2019
<a href="#">Enzyme Replacement Therapy</a>	Clinical	April 1, 2019
<a href="#">Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood</a>	Clinical	March 1, 2019
<a href="#">From – To Date Policy</a>	Reimbursement	Feb. 1, 2019
<a href="#">Gamifant™ (Emapalumab-Lzsg)</a>	Clinical	May 1, 2019
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Clinical	Feb. 1, 2019
<a href="#">Home Hemodialysis</a>	Clinical	March 1, 2019
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Clinical	Feb. 1, 2019
<a href="#">Manipulation Under Anesthesia</a>	Clinical	Feb. 1, 2019
<a href="#">Maximum Frequency Per Day</a>	Reimbursement	Feb. 1, 2019
<a href="#">Maximum Frequency Per Day (CES)</a>	Reimbursement	Feb. 1, 2019
<a href="#">Mechanical Circulatory Support Device (MCSD)</a>	Administrative	Feb. 1, 2019
<a href="#">Microsurgery (CES)</a>	Reimbursement	March 1, 2019
<a href="#">Modifier Reference</a>	Reimbursement	March 1, 2019
<a href="#">Modifier Reference (CES)</a>	Reimbursement	March 1, 2019
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Clinical	April 1, 2019
<a href="#">Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures</a>	Reimbursement	March 1, 2019
<a href="#">Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</a>	Reimbursement	March 1, 2019
<a href="#">Negative Pressure Wound Therapy</a>	Clinical	Feb. 1, 2019
<a href="#">Neurophysiologic Testing and Monitoring</a>	Clinical	Feb. 1, 2019

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## Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Clinical	March 1, 2019
<a href="#">Outpatient Cardiac Telemetry</a>	Clinical	March 1, 2019
<a href="#">Pediatric and Neonatal Critical and Intensive Care Services</a>	Reimbursement	March 1, 2019
<a href="#">Pharmacogenetic Testing</a>	Clinical	April 1, 2019
<a href="#">Procedure and Place of Service</a>	Reimbursement	March 1, 2019
<a href="#">Prolonged Services</a>	Reimbursement	March 1, 2019
<a href="#">Provider Administered Drugs – Site of Care Review Guidelines</a>	Clinical	April 1, 2019
<a href="#">Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement</a>	Clinical	March 1, 2019
<a href="#">Reduced Services</a>	Reimbursement	March 1, 2019
<a href="#">Reduced Services (CES)</a>	Reimbursement	March 1, 2019
<a href="#">Replacement Codes</a>	Reimbursement	March 1, 2019
<a href="#">Robotic Assisted Surgery</a>	Reimbursement	Feb. 1, 2019
<a href="#">Robotic Assisted Surgery (CES)</a>	Reimbursement	Feb. 1, 2019
<a href="#">Sodium Hyaluronate</a>	Clinical	Feb. 1, 2019
<a href="#">Supply Policy</a>	Reimbursement	Feb. 4, 2019
<a href="#">Supply Policy</a>	Reimbursement	March 1, 2019
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Clinical	March 1, 2019
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Clinical	March 1, 2019
<a href="#">Transcatheter Heart Valve Procedures</a>	Clinical	Feb. 1, 2019
<a href="#">Transcranial Magnetic Stimulation</a>	Clinical	Feb. 1, 2019
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	Feb. 1, 2019
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	March 1, 2019
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	May 1, 2019
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Clinical	April 1, 2019

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[UnitedHealthcare Affiliates](#)

# UnitedHealthcare West Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [February 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
<b>NEW</b>	
<a href="#">Electroencephalographic (EEG) Monitoring and Video Recording</a>	April 1, 2019
<b>UPDATED/REVISED</b>	
<a href="#">Apheresis</a>	Feb. 1, 2019
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	April 1, 2019
<a href="#">Clinical Practice Guidelines</a>	April 1, 2019
<a href="#">Clinical Trials</a>	Feb. 1, 2019
<a href="#">Cognitive Rehabilitation</a>	March 1, 2019
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Feb. 1, 2019
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Feb. 1, 2019
<a href="#">Home Hemodialysis</a>	March 1, 2019
<a href="#">Hospital Readmissions</a>	Feb. 1, 2019
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Feb. 1, 2019
<a href="#">Manipulation Under Anesthesia</a>	Feb. 1, 2019
<a href="#">Mechanical Circulatory Support Device (MCSD)</a>	Feb. 1, 2019
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	April 1, 2019
<a href="#">Negative Pressure Wound Therapy</a>	Feb. 1, 2019
<a href="#">Neurophysiologic Testing and Monitoring</a>	Feb. 1, 2019
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	March 1, 2019

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[UnitedHealthcare Affiliates](#)

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**UnitedHealthcare West Medical Management Guideline Updates**

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
<a href="#">Outpatient Cardiac Telemetry</a>	March 1, 2019
<a href="#">Pharmacogenetic Testing</a>	April 1, 2019
<a href="#">Provider Administered Drugs – Site of Care Review Guidelines</a>	April 1, 2019
<a href="#">Sodium Hyaluronate</a>	Feb. 1, 2019
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	March 1, 2019
<a href="#">Total Artificial Disc Replacement for the Spine</a>	March 1, 2019
<a href="#">Transcatheter Heart Valve Procedures</a>	Feb. 1, 2019
<a href="#">Transcranial Magnetic Stimulation</a>	Feb. 1, 2019
<a href="#">Whole Exome and Whole Genome Sequencing</a>	April 1, 2019

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[UnitedHealthcare Affiliates](#)

# UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [February 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	Applicable State(s)
<b>UPDATED/REVISED (Effective March 1, 2019)</b>	
<a href="#">Allergy Testing and Injections</a>	All (California, Oklahoma, Oregon, Texas, and Washington)
<a href="#">Court, Attorney, or Agency Requested Services</a>	All
<a href="#">Diabetic Management, Services and Supplies</a>	All
<a href="#">Dialysis Services</a>	All
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies</a>	All
<a href="#">Family Planning: Birth Control</a>	Washington
<a href="#">Family Planning: Infertility Services</a>	California
<a href="#">Services While Confined/Incarcerated</a>	All
<a href="#">Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care</a>	All

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



# State News

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

## [Participating Provider Laboratory and Pathology Protocol](#)

UnitedHealthcare and UnitedHealthcare Oxford require physicians and other qualified health care professionals to inform patients when referring them to or including an out-of-network care provider in that patient's health plan. To help that disclosure process and save members potential costs from using an out-of-network care provider, beginning June 1, 2019, network care providers in Connecticut and Maryland must obtain consent from UnitedHealthcare or UnitedHealthcare Oxford members before referring them to or using out-of-network laboratories and pathologists for their care. >

## [Dual Special Needs Plan Readmission Guidelines Update](#)

Consistent with the Centers for Medicare & Medicaid Services' (CMS) guidance, UnitedHealthcare Community Plan on June 1, 2019, will update the existing Dual Special Needs (DSNP) Readmission Review Program Clinical Guidelines to apply to Massachusetts Senior Care Options. Any inpatient admission will be subject to the readmission review requirements. >



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