MAY 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.

UnitedHealthcare®

Table of Contents

Front & Center

Stay up to date with the latest news and information.

Smart Edits Announces Informational Release Edits to Alert You Ahead of Time

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UnitedHealthcare Preferred Lab Network Launches July 1, 2019

We are excited to announce the labs selected to be part of the Preferred Lab Network effective July 1, 2019. The Preferred Lab Network consists of currently contracted independent, free-standing laboratory care providers that have met higher standards for access, cost, data, quality and service, based on a rigorous application and review process. The Preferred Lab Network providers will be highlighted in our directories starting July 1, 2019, to make it easy for members and care providers to identify them. ›

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Could you be next? Go Paperless now for your chance to win. ›

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Your UnitedHealthcare Participation Agreement requires that when you refer members to other care providers, you'll refer them to UnitedHealthcare in-network care providers, unless an exception applies. If an exception applies, beginning Aug. 1, 2019, you'll need to follow our online process to demonstrate that to us prior to referring members with UnitedHealthcare commercial benefit plans to out-of-network laboratories for testing services. ›

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

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The Centers for Medicare & Medicaid Services (CMS) requires Special Needs Plans (SNPs) to provide initial and annual Model of Care (MOC) training to all network providers contracted to see SNP members and all out-of-network providers seen by SNP members routinely. UnitedHealthcare offers the SNP MOC training as a pre-recorded session that takes about 10 minutes to complete. Please complete the annual training module. ›

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

Therapeutic Continuous Glucose Monitors Coverage for UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare Medicare Advantage Plans allow coverage of therapeutic Continuous Glucose Monitors (CGMs) and associated supplies (i.e., sensors, receiver and transmitter) under the Part B Durable Medical Equipment (DME) benefit when Centers for Medicare & Medicaid Services criteria are met. Care providers who want to obtain coverage of a therapeutic CGM for their patients should contact one of the two following network DME providers: Byram Healthcare for Dexcom and Libre or Edgepark for Dexcom and Libre. ›

Global Shortage of Bacillus Calmette-Guérin (BCG) for Bladder Cancer

UnitedHealthcare has received questions about how to bill when using one vial of Bacillus Calmette-Guérin (BCG) for multiple patients. Claims are unable to be processed for decimal amounts or units <1. When billing for BCG, enter "1" as the unit of drug supplied even when administering a partial vial to a patient. However, when a partial vial is administered to the patient, only bill UnitedHealthcare for the cost of the actual amount of drug administered to the member. ›

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CSP — Consultation Code (Informational Alert Only)

- 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 & 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.

You can find out more information about this policy in the March Network Bulletin.

umAT/umONP — Always Therapy (Informational Alert Only)

- Effective with dates of service on or after July 1, 2019, the GN, GO or GP modifiers will be required on "Always Therapy" codes to align with CMS.
- According to CMS, certain codes are "Always Therapy" services, regardless of who performs them, and always require a therapy modifier (GP, GO or GN) to indicate they're provided under a physical therapy, occupational therapy or speech-language pathology plan of care.

You can find out more information about this policy in the April Network Bulletin.

Speeding Up Claims, Together

UnitedHealthcare has been using an EDI edit solution called Smart Edits, which identifies claims with potential errors before they are processed. Reviewing the Smart Edits messages that appear on the **277CA clearinghouse report** and resubmitting with the suggested revisions will reduce claim error rates, denials and resubmissions and help improve claims processing time. Care providers who submit professional claims electronically to **Payer ID 87726** should receive Smart Edits.

Stay In the Know

Since the November 2018 Network Bulletin announcement, several smart edit releases have been deployed for UnitedHealthcare Medicare Advantage, UnitedHealthcare Community Plan and UnitedHealthcare commercial plans. You can stay up to date on all active edits and resources by visiting UHCprovider.com/smartedits.

Care providers with an active Link profile can visit the **UHC On-air** Smart Edits training page for a refresher on Smart Edits and also in-depth, edit-specific training at UHCprovider.com.

For more information about the Smart Edit logic, contact the EDI Support Team at SupportEDI@uhc.com or call **800-842-1109**.

Front & Center

UnitedHealthcare Preferred Lab Network Launches July 1, 2019

We are excited to announce the following labs were selected to be part of the Preferred Lab Network effective July 1, 2019:

- AmeriPath Inc.
- BioReference Laboratories, Inc.
- GeneDX
- Invitae Corporation
- LabCorp
- Mayo Clinic Laboratories
- Quest Diagnostics Inc.

The Preferred Lab Network consists of currently contracted independent, free-standing laboratory care providers that have met higher standards for access, cost, data, quality and service, based on a rigorous application and review process. We'll work with these distinguished labs to continue our efforts to improve the care provider and member experience. The Preferred Lab Network providers will be highlighted in our directories starting July 1, 2019, to make it easy for members and care providers to identify them.

For more information on how UnitedHealthcare's Triple Aim focus — improving health care affordability, outcomes and the patient experience — is now adding more value for lab services, visit **newsroom.uhc.com/experience/preferred-lab-network.html**. You can also visit Preferred Lab Network on UHCprovider.com > Menu > **Reports and Quality Programs**.

Congratulations to Our Go Paperless Sweepstakes Winners! Enter Today for Your Chance to Win $500

The most recent Go Paperless Sweepstakes winner was Candella LLC in Iowa. Could you be next? **Go Paperless** now for your chance to win.

Front & Center

Out-of-Network Lab Approval Required Aug. 1, 2019

Out-of-network laboratory referrals can create excess costs in the health care system and may pose a potential quality risk to your patients. To help protect your patients, you are required to refer lab services to a participating lab provider. The following requirement applies only to UnitedHealthcare commercial plans.

For an exception to this requirement, you must have both:

- Written consent from the member to use an out-of-network laboratory for that member's lab service for that date of service. The consent indicates the member has discussed the option to use an in-network lab with their care provider and they have made an informed decision to receive services from an out-of-network laboratory despite the potential increased out-of-pocket costs associated with that decision.
- UnitedHealthcare approval to refer the member to use an out-of-network laboratory for that member's lab service for that date of service.

Beginning Aug. 1, 2019, UnitedHealthcare will require an online process to satisfy the exception requirements outlined above, prior to referring members with UnitedHealthcare commercial benefit plans to out-of-network laboratories for testing services. This requirement does not apply to in-network laboratory referrals or when the referring provider has obtained a network exception to refer the member to a non-participating laboratory.

Your UnitedHealthcare Participation Agreement requires that when you refer members to other care providers, you'll refer them to UnitedHealthcare in-network care providers, unless an exception applies. If an exception applies, beginning Aug. 1, 2019, you'll need to follow our online process to demonstrate that to us prior to referring members with UnitedHealthcare commercial benefit plans to out-of-network laboratories for testing services.

UnitedHealthcare maintains a large network of regional and local labs. These labs provide a fast, comprehensive range of services. They also provide clinical data and related information to support:

- Healthcare Effectiveness Data and Information Set (HEDIS®) reporting
- Care management
- UnitedHealth Premium® program
- Other clinical quality improvement activities

To find in-network laboratories, please visit **UHCprovider.com/findprovider** > Search for a Provider > Medical Directory > choose the member's health plan and state > Places > Labs and Imaging > Lab Locations.

If you can't find an in-network laboratory for a specific lab test, call us at the Provider Services number listed on the member's ID card before ordering the test. We'll work with you to find a laboratory where covered tests can be performed.

We'll post additional directions on submission of the online approval on **UHCprovider.com** prior to Aug. 1, 2019. If you have any questions, contact your network account manager or provider advocate.

Front & Center

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

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 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 Community Plan

Spravato™ has been added to the **Review at Launch Drug List** for UnitedHealthcare Community Plan. This list is located 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.

What's Changing for UnitedHealthcare Commercial and Community Plan Members

Clinical Policy and Prior Authorization Updates

Effective July 1, 2019, our White Blood Cell Colony Stimulating Factors medical drug policy will be updated to include preferred product coverage criteria. Preferred product language will be added as follows:

- Use of Neulasta® Onpro® and Neulasta® vial prior to the use of Fulphila™ and Udenyca™

In addition to the preferred product changes to the drug policy, UnitedHealthcare commercial plans will be expanding the current prior authorization requirements on these medications to include use for any diagnosis:

- Neulasta Onpro/Neulasta, Fulphila, and Udenyca currently require prior authorization when used to treat a cancer diagnosis.
- On July 1, 2019, for UnitedHealthcare commercial plans (including affiliated plans for Oxford, UMR and Neighborhood Health Partnership) use of these medications for all diagnoses will require prior authorization with this policy change.
- On Aug. 1, 2019, for UnitedHealthcare affiliate plans UnitedHealthcare of the Mid-Atlantic and UnitedHealthcare of the River Valley, use of these medications for all diagnoses will require prior authorization.

For both UnitedHealthcare commercial and Community Plan members, current authorizations will be honored through their end date. Upon authorization renewal, the updated policy will apply. Care providers are encouraged to begin using the preferred Colony Stimulating Factor products.

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

Front & Center

Fax Numbers Used for UnitedHealthcare West Medical Prior Authorization Requests Will Retire Aug. 5, 2019

Use Our Online Tools

As we continue moving administrative tasks online, the following fax numbers used for **UnitedHealthcare West** medical prior authorization requests will retire on Aug. 5, 2019:

Retiring Fax Numbers		
800-274-0569	800-497-3264	800-978-7457
800-283-7523	800-526-5863	866-718-6105
800-438-5470	800-944-7690	866-718-6107
866-743-9735	877-331-5855	888-714-3991

Instead of faxing your request, please use the **Prior Authorization and Notification Tool** on Link. You can access the tool and view resources and training to help you get started at **UHCprovider.com/paan**. If you're unable to use the Prior Authorization and Notification tool on Link, call Provider Services at the number on the back of the member's ID card to submit a request by phone.

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

Go to **UHCprovider.com/fax** for a list of all retired fax numbers and information about fax numbers used for inpatient admission notifications.

2019 UnitedHealthcare Administrative Guide: Update to the Claims Disputes and Appeals Information in the Capitated and/or Delegated Supplement

We added a section called Contracted Care Provider Disputes. This update is on the HTML version of the guide on **UHCprovider.com/guides** and on page 120 of the PDF.

Front & Center

Codes Added to New Prior Authorization Category

Beginning July 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 doesn't impact any requirements or criteria. Some stimulator codes may still remain under existing categories. The new category applies to **UnitedHealthcare Community Plan (all plans)**:

Current Category	New Category	Codes
Bariatric Surgery	Stimulators	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43647, 43648, 43881, 43882, 64590
Bone growth stimulators	Stimulators	E0747, E0748, E0749, E0760
Experimental and Investigational Service		61863, 61864, 61867, 61868, 61885, 61886, 64555
Potentially Unproven Service	Stimulators	61863, 61864, 61867, 61868, 61885, 61886, 64555
Spinal Cord Stimulators	Stimulators	63650, 63655, 63685, 64553, 64555, L8680, L8682
Spinal Surgeries	Stimulators	64570, 63650, 63655, 63685, 64553, 64555, 64570
Vagus nerve stimulation	Stimulators	61885, 64568, L8680, L8685, L8686, L8687, L8688

Inventory Control Number (ICN) Is Being Updated to Include Alpha Characters

This May, we'll begin to include alpha characters in our existing Inventory Control Numbers. Instead of receiving numeric ONLY ICN's or claims numbers, you will begin to see the ICNs including alpha characters and numeric characters. The length of the ICN will remain the same. There are no changes to the existing submission processes.

- Existing ICNs: 2345678912
- Enhanced ICNs: AB23456789

Front & Center

Reminder on Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires Special Needs Plans (SNPs) to provide initial and annual Model of Care (MOC) training to all network providers contracted to see SNP members and all out-of-network providers seen by SNP members routinely. UnitedHealthcare offers the SNP MOC training as a pre-recorded session that takes about 10 minutes to complete. Please complete the annual training module.

SNPs are responsible for conducting their own MOC training, which means you may be asked to complete multiple trainings by different health plans.

The training includes information about the different types of SNPs tailored to individual needs. You're considered a SNP care provider if you see UnitedHealthcare plan members who have benefits under a Medicare Advantage SNP.

Please complete this year's training by Oct. 1, 2019:

- To complete the training, click **HERE**, enter your Optum ID and watch the program.
- If you do not have an Optum ID, you may register for one at **UHCprovider.com**. Click on New User and follow the directions listed there. Please allow 24–48 hours for your new Optum ID to give you access. If you experience a problem with registration, please contact your security administrator.
- Once registered with your Optum ID, go to UHCprovider.com > Menu > Resource Library > Training > 2019 Special Needs Plan Model of Care Training Special Needs > **UHC on Air**.

For questions, please email us at **snp_moc_providertraining@uhc.com** or call **888-878-5499**.

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**.

Front & Center

Therapeutic Continuous Glucose Monitors Coverage for UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare **Medicare Advantage** Plans allow coverage of therapeutic Continuous Glucose Monitors (CGMs) and associated supplies (i.e., sensors, receiver and transmitter) under the Part B Durable Medical Equipment (DME) benefit when Centers for Medicare & Medicaid Services criteria are met.

Care providers who want to obtain coverage of a therapeutic CGM for their patients should contact one of the two following network DME providers: Byram Healthcare at **877-902-9726** for Dexcom and Libre or Edgepark at **800-321-0591** for Dexcom and Libre.

Therapeutic CGMs are not eligible for coverage under the patient's pharmacy benefit and are not available at the pharmacy.

Global Shortage of Bacillus Calmette-Guérin (BCG) for Bladder Cancer

Because of limited supplies of Bacillus Calmette-Guérin (BCG) Live, use of low-dose intravesical BCG may provide an option for treatment of more patients with bladder cancer without compromising efficacy and with less toxicity.* UnitedHealthcare has received questions about how to bill when using one vial of BCG for multiple patients.

Claims are unable to be processed for decimal amounts or units <1. When billing for BCG, enter "1" as the unit of drug supplied even when administering a partial vial to a patient. However, when a partial vial is administered to the patient, ***only bill UnitedHealthcare for the cost of the actual amount of drug administered to the member***.

*Zeng et al. Low-Dose Versus Standard Dose of Bacillus Calmette-Guerin in the Treatment of Nonmuscle Invasive Bladder Cancer A Systematic Review and Meta-Analysis. Medicine 2015; 94: 1-10.

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

Risk Adjustment Data Validation (RADV) Audit Program

In compliance with the Risk Adjustment Data Validation (RADV) audit program under the Affordable Care Act (ACA), we're required by the Department of Health and Human Services (HHS) to provide supporting medical documentation for the annual medical claims review audit for UnitedHealthcare commercial members. We'll be requesting medical records within a specific 2018 service date(s) starting in June 2019. Since only a number of members will be randomly selected, not all care providers will receive this request. ›

UnitedHealth Premium® Program Preview Mailer Sent in May

In early May 2019, the UnitedHealth Premium program will begin sending a preview mailer to administrators of Premium eligible groups. The mailer includes information on updates to the Premium program, including new claims data collection dates and additions to the quality measures and cost efficiency methodology. ›

Pharmacy: Coverage Update for Biktarvy®, Genvoya® and Stribild®

UnitedHealthcare commercial plans that have implemented the My ScriptRewards pilot program have new coverage guidelines for select HIV medications. Effective March 1, 2019, members newly prescribed Biktarvy®, Genvoya® or Stribild® need to take action to continue receiving coverage for their medication. ›

July 1, 2019 Prescription Drug List Updates

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

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 the 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 Commercial

Learn about program revisions and requirement updates.

UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement

Beginning Aug. 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley, UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, Optimum Choice, Inc., and MD Individual Practice Association, Inc. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. ›

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

UnitedHealthcare Commercial

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What's being requested from you?

If your claim is in the sample, you'll be contacted to submit the medical records as outlined below. Please include only the minimum Health Insurance Portability and Accountability Act (HIPAA) necessary documentation:

- Demographics sheet
- Progress Notes/Face-to-face office visits
- Consultation reports/notes
- Discharge summary
- Emergency room records
- History and physical exam
- Medication list
- Operative/Procedure notes
- Prescription for laboratory services
- Problem list
- Radiology and pathology services
- Radiology reports

UnitedHealthcare will use CIOX Health to conduct the request for medical records. CIOX Health can be reached at **877-445-9293**. CIOX has a new fast, easy and secure way to electronically submit medical records. See **cioxlink.com** for a short video tutorial.

UnitedHealth Premium® Program Preview Mailer Sent in May

In early May 2019, the UnitedHealth Premium program will begin sending a preview mailer to administrators of Premium eligible groups. The mailer includes information on updates to the Premium program, including new claims data collection dates and additions to the quality measures and cost efficiency methodology. The mailer will also be available online in early May at UnitedHealthPremium.UHC.com > Help and Support > **Premium Training**.

For more information about the Premium program, including the Version 12 methodology, go to UnitedHealthPremium.UHC.com > Help and Support > **Contact Premium** or call **866-270-5588**.

UnitedHealthcare Commercial

Pharmacy: Coverage Update for Biktarvy®, Genvoya® and Stribild®

UnitedHealthcare commercial plans that have implemented the My ScriptRewards pilot program have new coverage guidelines for select HIV medications. Effective March 1, 2019, members newly prescribed Biktarvy®, Genvoya® or Stribild® need to take action to continue receiving coverage for their medication. They will now have three grace fills and action must be taken before the 4th fill to continue to receive coverage of their medication. Patients and their prescribers will receive a letter after the member's first fill, informing both parties of the options available. The grace fill program only applies to members in plans that participate in My ScriptRewards.

One of the following actions must be taken:

1. Members can talk to their care provider about lower-cost options and, if one is right for them, their care provider can write a new prescription.
2. The member and/or their care provider can choose to continue therapy with the initial prescribed medication, contact OptumRx® at **877-636-9712** and advise the patient care coordinator that they don't want to change to a lower-cost option.

How You Can Help Your Patients Save Money

You can help your patients reduce their out-of-pocket costs by reviewing Prescription Drug List (PDL) information for tiers and copay ranges, which vary by plan. For example, the following chart shows the HIV medications covered under the My ScriptRewards program in Tier 1 at $0 copay and Tier 2 and Tier 3 options on the PDL with mid-range to highest copays.

My ScriptRewards

My ScriptRewards is designed to help improve access to clinically appropriate and affordable treatment regimens for UnitedHealthcare commercial plan members with HIV infection. The program provides select lower-cost combination antiretroviral therapies available at $0 out-of-pocket with up to $500 in additional benefits. Members who fill $0 cost-share medications and enroll on myscriptrewards.com are eligible to receive two $250 pre-paid debit cards a year to use towards their medical expenses (e.g., lab fees, office copays and other prescriptions).

For more information, visit **myscriptrewards.com**.

Medications	Tiers and Copay ranges for members
Cimduo™, Isentress®/Isentress HD* and Tivicay®*	Tier 1: Zero to $ — Lowest copay
Juluca®, Symfi®, Symfi Lo® and Triumeq®	Tier 2: $$ — Mid-range copay
Biktarvy, Genvoya and Stribild	Tier 3: $$$ — Highest copay

UnitedHealthcare Commercial

Participating Provider Laboratory and Pathology Protocol

As announced in the **March Network Bulletin**, 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 the 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'll 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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UnitedHealthcare Commercial

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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** > Policies and Protocols > Protocols
- **oxhp.com** > Providers > Tools & Resources > Medical and Administrative Policies > Policy Update Bulletin (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**.

July 1, 2019 Prescription Drug List Updates

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

UnitedHealthcare Commercial

UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement

Beginning Aug. 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Plan of the River Valley, Inc., UnitedHealthcare Insurance Company of the River Valley, UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, Optimum Choice, Inc., and MD Individual Practice Association, Inc. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests.

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

Prior authorization will be required for:

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

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

In addition, prior authorization will be required for therapeutic radiopharmaceuticals.

Therapeutic Radiopharmaceuticals That Require Prior Authorization

Prior authorization is required for the following:

- Lutetium Lu 177 (Lutathera®)
- Radium RA-233 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 for Therapeutic Radiopharmaceuticals

Therapeutic radiopharmaceuticals billed under the following HCPCS codes require prior authorization:

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

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UnitedHealthcare Commercial

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UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement

If a member receives injectable chemotherapy drugs or related cancer therapies in an outpatient setting between May 1, 2019 and July 31, 2019, you don't need to request prior authorization until you administer a new chemotherapy drug or related cancer therapy. We will authorize the chemotherapy regimen the member was receiving prior to Aug. 1, 2019. The authorization will be effective until March 31, 2020.

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 **April 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
NEW		
Preimplantation Genetic Testing	Medical	June 1, 2019
UPDATED/REVISED		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	April 1, 2019
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical	April 1, 2019
Breast Reconstruction Post Mastectomy	CDG	May 1, 2019
Breast Repair/Reconstruction Not Following Mastectomy	CDG	May 1, 2019
Chromosome Microarray Testing (Non-Oncology Conditions)	Medical	June 1, 2019
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Drug	April 1, 2019
Cochlear Implants	Medical	April 1, 2019
Computerized Dynamic Posturography	Medical	April 1, 2019
Denosumab (Prolia® & Xgeva®)	Drug	April 1, 2019
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	CDG	April 1, 2019
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	April 1, 2019
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Medical	April 1, 2019
Fecal Calprotectin Testing	Medical	April 7, 2019
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	May 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		
Infliximab (Remicade®, Inflectra™, Renflexis™)	Drug	April 1, 2019
Intrauterine Fetal Surgery	Medical	May 1, 2019
Ketamine	Medical	April 1, 2019
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan — Site of Care	URG	April 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	April 1, 2019
Occipital Neuralgia and Headache Treatment	Medical	April 1, 2019
Ocrevus™ (Ocrelizumab)	Drug	April 1, 2019
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	April 1, 2019
Pectus Deformity Repair	CDG	April 1, 2019
Rituximab (Rituxan® & Truxima®)	Drug	April 1, 2019
Self-Administered Medications List	Drug	April 1, 2019
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	April 1, 2019
Stelara® (Ustekinumab)	Drug	April 1, 2019
Thermography	Medical	April 1, 2019
Trogarzo™ (Ibalizumab-Uiyk)	Drug	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.

Coordinated Commercial Reimbursement Policy Announcement

UnitedHealthcare will implement several commercial reimbursement policy enhancements. ›

UnitedHealthcare Community Plan Reimbursement Policy:

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: UHCprovider.com > Menu > **Health Plans by State > [Select State]** > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters. We encourage you to regularly visit this site to view reimbursement policy updates.

Unless otherwise noted, the following reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. UnitedHealthcare reimbursement policies do not address all factors that affect reimbursement for services rendered to UnitedHealthcare members, including legislative mandates, member benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Care Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Once implemented, the policies may be viewed in their entirety at UHCprovider.com **> Menu > Policies and Protocols > Commercial Policies > Reimbursement Policies for Commercial Plans**. In the event of an inconsistency between the information provided in the Network Bulletin and the posted policy, the posted policy prevails. ›

UnitedHealthcare Reimbursement Policies

Coordinated Commercial Reimbursement Policy Announcement

The following chart contains an overview of the policy changes and their effective dates for the following policies: **Procedure to Modifier Policy, Professional; Consultation Services Policy, Professional.**

Policy	Effective Date	Summary of Change
Procedure to Modifier Policy, Professional	July 1, 2019	• Effective with dates of service on or after July 1, 2019, the GN, GO or GP modifiers will be required on "Always Therapy" codes to align with the Centers for Medicare & Medicaid Services (CMS). • According to CMS, certain codes are "Always Therapy" services regardless of who performs them, and always require a therapy modifier (GP, GO or GN) to indicate they're provided under a physical therapy, occupational therapy or speech-language pathology plan of care. • "Always Therapy" modifiers are necessary to enable accurate reimbursement for each distinct type of therapy in accordance with member group benefits.
Consultation Services Policy, Professional	July 1, 2019	• As previously announced in the March and April 2019 Network Bulletins, UnitedHealthcare is revising the Consultation Services Policy and will no longer reimburse CPT® codes 99241-99255. • 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. • Effective with dates of service of Oct. 1, 2019, UnitedHealthcare will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice. • When services are rendered at the request of another physician or appropriate source, care providers should submit an appropriate E/M service in alignment with either the 1995 or 1997 CMS coding guidelines. • With respect to telehealth and telemedicine services, the Telehealth & Telemedicine Policy will continue to apply and HCPCS codes G0406 – G0408, G0425 – G0427, G0508 and G0509 will be payable pursuant to that policy, the participation agreement and the member's benefit plan. • A video presentation with more information can be viewed on UHC On Air. Additionally, a course for CEU/CME credits entitled "Evaluation and Management Coding: Back to Coding Basics" is also available through Link on **UHCprovider.com**. • We would like to continue partnering with care providers on older fee schedules (2009 and prior) to move to more current fee schedules. Care providers with questions about their fee schedule may reach out to their UnitedHealth Network representative.

UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

Prior Authorization Required for Therapeutic Radiopharmaceuticals

Effective Aug. 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee. ›

Utilization Review

UnitedHealthcare Community Plan staff performs concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the Provider Manual. ›

Coordination of Care between Primary Care Physicians and Specialists

UnitedHealthcare wants to underscore the importance of ongoing communication between primary care physicians (PCPs) and specialists. PCPs and specialists share responsibility for communicating essential patient information about consultations, treatment plans and referrals. Failure to consistently communicate threatens the ability to provide high-quality patient care. ›

Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual at UHCprovider.com/guides. Member Rights and Responsibilities are distributed to new members upon enrollment. ›

Care Management

The UnitedHealthcare Community Plan Case Management program is a holistic approach to care for members with complex needs, especially for those with chronic conditions. The goal is to keep our members in the community with the resources necessary to maintain the highest functional status possible. ›

Clinical Guidelines

Clinical Practice Guidelines are available at UHCprovider.com > Menu > Health Plans by State > Select State > Medicaid (Community Plan) > Policies and Clinical Guidelines. Guidelines are available for diabetes, asthma, perinatal care, preventive services, ADHD, depression and many other conditions. ›

UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

Cultural Competence

We work to try to identify gaps in care related to a member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we're reminding care providers that UnitedHealthcare Community Plan's members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins. ›

Pharmacy Updates

As a reminder, pharmacy updates are available online at UHCprovider.com > Menu > Health Plans by State > Select State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs. ›

Site of Care Medical Necessity Reviews and Revised Prior Authorization Requirements for Speech, Occupational, and Physical Therapy Services — Effective May 13, 2019

UnitedHealthcare Community Plan of Florida aims to improve cost efficiencies for the overall health care system. One way we'll do that is by conducting site of care medical necessity reviews for all speech, occupational and physical therapy services. We're also revising our existing prior authorization requirements. For dates of service on or after May 13, 2019, once prior authorization for speech, occupational, or physical therapy services is requested in accordance with our prior authorization requirements, we'll determine whether the site of care is medically necessary, including cost effective, consistent with Florida's Agency for Health Care Administration (AHCA) definition of medical necessity. Site of care reviews will be conducted only if the service will be performed in an outpatient hospital. ›

Appointment Availability Standards

As a reminder, UnitedHealthcare Community Plan has appointment availability requirements for primary care physicians and specialists. The requirements apply to routine, urgent and after-hours care. ›

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

UnitedHealthcare Community Plan

Prior Authorization Required for Therapeutic Radiopharmaceuticals

Effective Aug. 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee.

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-233 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

Prior authorization for therapeutic radiopharmaceuticals will not be required for UnitedHealthcare Community Plan members in Iowa.

Utilization Review

UnitedHealthcare Community Plan staff performs concurrent review on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the Provider Manual. A physician reviews all cases in which the care does not appear to meet guidelines. Decisions on coverage are based on the appropriateness of care and service and existence of coverage. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

If you have questions or would like specific criteria, call **877-542-9235** during normal business hours, Monday – Friday.

UnitedHealthcare Community Plan

Coordination of Care between Primary Care Physicians and Specialists

UnitedHealthcare wants to underscore the importance of ongoing communication between primary care physicians (PCPs) and specialists. PCPs and specialists share responsibility for communicating essential patient information about consultations, treatment plans and referrals. Failure to consistently communicate threatens the ability to provide high-quality patient care.

Relevant information from the PCP should include the patient's history, diagnostic tests and results, and the reason for the consultation. The specialist is responsible for timely communication of the results of the consultation and on-going x and treatment plans.

Information exchange among care providers should be timely, relevant and accurate to facilitate ongoing patient management. The partnership between the PCP and specialist is based on the consistent exchange of clinical information, and this information is a critical factor in providing quality patient care.

Member Rights and Responsibilities

As a reminder, the UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the Provider Manual at **UHCprovider.com/guides**. Member Rights and Responsibilities are distributed to new members upon enrollment. On an annual basis members are referred to their handbook to review their Member Rights and Responsibilities.

UnitedHealthcare Community Plan

Care Management

The UnitedHealthcare Community Plan Case Management program is a holistic approach to care for members with complex needs, especially for those with chronic conditions. The goal is to keep our members in the community with the resources necessary to maintain the highest functional status possible.

What the UnitedHealthcare Community Plan case manager can provide for your patients?

- Telephone contact with members and facilitation of home visits
- Health education and educational materials
- A health assessment with stratification of diagnosis and severity of condition and psychosocial needs
- Referral to community resources as needed
- Assistance with medical transportation
- Arrangements for durable medical equipment (DME) and ancillary services as needed or ordered by the care provider
- Outreach to members to promote assistance with keeping doctor's appointments
- Work with members to identify and address barriers to seeking health care and to following their medical treatment plan of care

For more information or to make a referral, call **877-542-9235**.

Clinical Guidelines

Clinical Practice Guidelines (CPG) are available at **UHCprovider.com** > Menu > Health Plans by State > Select State > Medicaid (Community Plan) > Policies and Clinical Guidelines. Guidelines are available for diabetes, asthma, perinatal care, preventive services, ADHD, depression and many other conditions. Click on your appropriate state and there will be a link to the currently approved guidelines or call **877-542-9235** for a copy.

UnitedHealthcare Community Plan

Cultural Competence

We work to try to identify gaps in care related to a member's language and cultural needs. To help reduce those gaps and improve culturally competent care, we're reminding care providers that UnitedHealthcare Community Plan's members have a right to receive care that is culturally appropriate and respects their cultural and ethnic background and origins.

Upon enrollment, information on a member's primary language is obtained and members may receive assistance in choosing a primary care provider who will meet their needs.

UnitedHealthcare Community Plan provides access to a language line for translation of communications for our non-English speaking members. The language line is available to help ensure that the cultural, ethnic and linguistic needs of our members are being met.

If you need assistance in communicating with one of our members, you may call **877-542-9235**.

Pharmacy Updates

As a reminder, pharmacy updates are available online at **UHCprovider.com** > Menu > Health Plans by State > Select State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs. You'll find:

- A list of covered pharmaceuticals, including restrictions and preferences
- Pharmaceutical management procedures
- Explanations on limits or quotas
- How to submit and support special requests
- Generic substitution, therapeutic interchange and step-therapy protocols

For more information, call **877-542-9235**.

UnitedHealthcare Community Plan

Site of Care Medical Necessity Reviews and Revised Prior Authorization Requirements for Speech, Occupational, and Physical Therapy Services — Effective May 13, 2019

UnitedHealthcare Community Plan of Florida aims to improve cost efficiencies for the overall health care system. One way we'll do that is by conducting site of care medical necessity reviews for all speech, occupational and physical therapy services. We're also revising our existing prior authorization requirements.

Site of Care Medical Necessity Reviews

For dates of service on or after May 13, 2019, once prior authorization for speech, occupational, or physical therapy services is requested in accordance with our prior authorization requirements, we'll determine whether the site of care is medically necessary, including cost effective, consistent with Florida's Agency for Health Care Administration (AHCA) definition of medical necessity. Site of care reviews will be conducted only if the service will be performed in an outpatient hospital.

The utilization review guideline we use to help facilitate our site of care medical necessity determinations for these therapy services will be available at **UHCprovider.com/policies** > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Outpatient Speech, Occupational and Physical Therapy — Site of Care (for Florida Only).

Site of care reviews will apply to the following UnitedHealthcare Community Plan of Florida benefit plans:

- Florida M*Plus Managed Medical Assistance (MMA) Medicaid benefit plans
- Florida Healthy Kids (FHK)

Site of care reviews will apply to all speech, occupational and physical therapy procedure codes that are currently subject to prior authorization requirements. You can find the list of services that are subject to prior authorization requirements at **UHCprovider.com/FLcommunityplan** > Prior Authorization and Notification > UnitedHealthcare Community Plan Prior Authorization Requirements.

Prior Authorization Requirement Changes

For dates of service on or after May 13, 2019, we're making the following changes to our prior authorization requirements for speech, occupational and physical therapy services:

- In order to support the physician's role in managing member care, the member's primary care provider (PCP) will be required to submit prior authorization requests for evaluations and re-evaluations. Currently, these types of prior authorization requests for therapy services are often submitted by therapy providers.

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UnitedHealthcare Community Plan

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Site of Care Medical Necessity Reviews and Revised Prior Authorization Requirements for Speech, Occupational, and Physical Therapy Services — Effective May 13, 2019

- We will require that additional documentation be submitted to us as part of the prior authorization process for evaluations and re-evaluations. The additional documentation requirements can be found in the utilization review guideline at **UHCprovider.com/policies** > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Outpatient Speech, Occupational and Physical Therapy Services (for Florida Only).

As a reminder, please complete the prior authorization process in one of the following ways:

- Online: Use the Prior Authorization and Notification tool on Link at **UHCprovider.com/paan**.
- Fax: **877-470-7613**

We're here to help. If you have additional questions, please call us at **877-842-3210**.

Appointment Availability Standards

As a reminder, UnitedHealthcare Community Plan has appointment availability requirements for primary care physicians and specialists. The requirements apply to routine, urgent and after-hours care. For specific information, please refer to your Provider Administrative Manual online at **UHCprovider.com/guides**.

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 **April 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
NEW		
Preimplantation Genetic Testing	Medical	July 1, 2019
UPDATED/REVISED		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	April 1, 2019
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical	April 1, 2019
Breast Reconstruction Post Mastectomy	CDG	June 1, 2019
Breast Repair/Reconstruction Not Following Mastectomy	CDG	June 1, 2019
Chromosome Microarray Testing (Non-Oncology Conditions)	Medical	July 1, 2019
Cochlear Implants	Medical	April 1, 2019
Computerized Dynamic Posturography	Medical	April 1, 2019
Denosumab (Prolia® & Xgeva®)	Drug	April 1, 2019
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	April 1, 2019
Electroencephalographic (EEG) Monitoring and Video Recording	Medical	July 1, 2019
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Medical	April 1, 2019
Fecal Calprotectin Testing	Medical	June 1, 2019
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	June 1, 2019
Infliximab (Remicade®, Inflectra™, Renflexis™) (for Iowa and Louisiana Only)	Drug	June 1, 2019
Infliximab (Remicade®, Inflectra™, Renflexis™) (for States Other Than Iowa and Louisiana)	Drug	June 1, 2019
Intrauterine Fetal Surgery	Medical	June 1, 2019

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UnitedHealthcare Community Plan

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

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Ketamine	Drug	April 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	April 1, 2019
Occipital Neuralgia and Headache Treatment	Medical	April 1, 2019
Ocrevus™ (Ocrelizumab)	Drug	April 1, 2019
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Drug	April 1, 2019
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	April 1, 2019
Orthognathic (Jaw) Surgery	CDG	April 1, 2019
Pectus Deformity Repair	CDG	April 1, 2019
Rituximab (Rituxan® & Truxima®)	Drug	April 1, 2019
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	April 1, 2019
Stelara® (Ustekinumab)	Drug	April 1, 2019
Thermography	Medical	April 1, 2019
Trogarzo™ (Ibalizumab-Uiyk)	Drug	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 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 March 13, 2019)
Capsule Endoscopy
Category III CPT Codes
Chiropractic Services
Colonic Irrigation (NCD 100.7)
Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)
Gastric Freezing (NCD 100.6)
Gravlee Jet Washer (NCD 230.5)
Implantation of Anti-Gastroesophageal Reflux Device (NCD 100.9)
Laboratory Tests – CRD Patients (NCD 190.10)
Melodic Intonation Therapy (NCD 170.2)
Molecular Diagnostic Infectious Disease Testing
Molecular Pathology/Molecular Diagnostics/Genetic Testing
Percutaneous Coronary Interventions
Percutaneous Image-Guided Breast Biopsy (NCD 220.13)
Positron Emission Tomography (PET) Scan (Including NCDs 220.6-220.6.20)
Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS) (NCD 190.9)
Therapeutic Embolization (NCD 20.28)
Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)
Transcranial Magnetic Stimulation

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
UPDATED/REVISED (Approved on March 13, 2019)
Transmyocardial Revascularization (TMR) (NCD 20.6)
Vertebral Axial Decompression (VAX-D) (NCD 160.16)

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 **April 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 March 19, 2019)
Allergy Testing and Allergy Immunotherapy
Artificial Disc Replacement, Cervical and Lumbar
Bone Density Studies/Bone Mass Measurements
Brachytherapy Procedures
Cardiovascular Diagnostic Procedures
Chelation Therapy
Chiropractic Services
Complementary and Alternative Medicine
Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest
Cosmetic and Reconstructive Procedures
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Gastroesophageal and Gastrointestinal (GI) Services and Procedures
Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments
Maternity and Newborn Care
Medications/Drugs (Outpatient/Part B)
Mental Health Services and Procedures
Nasal and Sinus Procedures
Pain Management and Pain Rehabilitation
Percutaneous Transluminal Angioplasty and Stenting
Radiologic Therapeutic Procedures

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UnitedHealthcare Medicare Advantage

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UnitedHealthcare Medicare Advantage Coverage Summary Updates

Policy Title
UPDATED/REVISED (Approved on March 19, 2019)
Transmyocardial Revascularization (TMR)
Ventriculectomy, Partial
Vision Services, Therapy and Rehabilitation
Wound Treatments

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

Doing Business Better

Learn about how we make improved health care decisions.

Collaboration between Primary Care Physicians and Behavioral Health Clinicians Can Make a Difference

When a member receives services from more than one care provider, the care providers should collaborate and coordinate effectively to help ensure care is comprehensive, safe and effective. Lack of communication may negatively affect quality patient care. Continuity and coordination of care takes on greater importance for patients with severe and persistent mental health and/or substance use conditions. ›

2018 Quality Improvement Program Overview

UnitedHealthcare maintains a Quality Improvement program to improve our members' and care providers' health care experience. In 2018, the program helped support delivery of evidence-based care and monitoring and improving clinical performance and service measures, among other improvements. ›

Doing Business Better

Collaboration between Primary Care Physicians and Behavioral Health Clinicians Can Make a Difference

When a member receives services from more than one care provider, the care providers should collaborate and coordinate effectively to help ensure care is comprehensive, safe and effective.

Lack of communication may negatively affect quality patient care. For example, members with medical illnesses may also have mental health or substance use conditions. Continuity and coordination of care takes on greater importance for patients with severe and persistent mental health and/or substance use conditions.

This is also true when medications are prescribed, when there are co-existing medical/psychiatric symptoms or when patients have been hospitalized for a medical or psychiatric condition. Discuss with your patients the benefits of sharing essential clinical information with their behavioral health clinician. When applicable, we encourage you to obtain a signed release from each UnitedHealthcare member that allows you to share appropriate treatment information with the member's behavioral health clinician.

Doing Business Better

2018 Quality Improvement Program Overview

UnitedHealthcare maintains a Quality Improvement (QI) program to improve our members' and providers' health care experience. In 2018, the program included these important activities:

Supporting Delivery of Evidence-Based Care

- We informed our network physicians about their patients who might need care like cancer screening or diabetes tests.
- We encouraged doctors and other health care professionals to provide the care according to the most current scientific evidence ("evidence-based medicine"). For example, we offered website links to nationally accepted guidelines from the American Diabetes Association, the American Heart Association, American College of Cardiology, United States Preventive Services Task Force and other organizations. We monitored performance against these clinical guidelines.
- Throughout the year, we contacted members who may be overdue for needed care, suggesting that they contact their doctor for tests or treatment.

Monitoring and Improving Clinical Performance and Service Measures

We monitored all aspects of quality, including but not limited to Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures and quality of care issues, access, availability and member/practitioner satisfaction. Opportunities were identified and actions were taken where appropriate.

Results on key clinical performance measures are shown in the following chart:

Measure	UnitedHealthcare National Mean			Trend	
	2016	2017	2018	Point Change	QC Percentile
Breast Cancer Screening	–	–	70.26	–	25th
Cervical Cancer Screening	72.98	74.46	74.94	2.0	75th
Childhood Immunization Status — Combo 10	48.6	50.51	52.36	3.8	25th
Colorectal Cancer Screening	–	59.83	61.65	–	50th
Comprehensive Diabetes Care — Blood Pressure Control (<140/90)	55.94	57.87	65.09	9.1	50th
Comprehensive Diabetes Care — Eye Exams	47.41	46.77	48.35	0.9	25th
Comprehensive Diabetes Care — HbA1c Control (<8%)	53.19	55.55	58.74	5.6	50th
Controlling High Blood Pressure	50.99	52.36	56.47	5.5	25th
Prenatal and Postpartum Care — Postpartum Care	69.73	71.87	77.08	7.4	50th

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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Doing Business Better

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2018 Quality Improvement Program Overview

Measuring Member Experience

We annually measure member experience using the CAHPS survey tool. The most recent member satisfaction results showed improvement in:

- Claims processing
- Customer service
- Getting care quickly

CAHPS measures identified as potential opportunities for improvement were:

- Rating of health plan
- Rating of the specialist
- Rating of health care

For the marketplace, we measure member experience using the Key Member Indicator (KMI) Survey and QHP Enrollee Survey. The most recent surveys show improvements in:

- Customer Service

KMI Survey and QHP Enrollee Survey measures identified as potential opportunities for improvement were:

- Customer Service
- Getting Care Quickly
- Getting Needed Care

Measuring Provider Experience

We conducted a Physician and Practice Manager survey to measure provider satisfaction. Results from the most recent survey showed improvement of five points or greater in:

- Overall service satisfaction
- Timeliness of prior authorizations
- Ease of the appeal process
- Timeliness of the appeals process

Concerning our utilization management processes, the most recent analysis showed improvement in provider satisfaction with:

- Ease and timeliness of notification/prior authorization processes for radiology procedures and services
- Ease and timeliness of clinical review process for radiology, inpatient and outpatient procedures
- Ease of the appeal process

Efforts are under way to improve performance related to:

- Simplifying the prior authorization process
- Improving matching prior authorization with claims
- Reducing prior authorization turn-around times
- Improving the efficiency and ease of physician-to-physician communications
- Reducing the amount of clinical documentation required for a prior authorization

Accreditation

The National Committee for Quality Assurance (NCQA) Health Plan Accreditation is a nationally recognized evaluation that purchasers, regulators and patients can use to assess health plans. Many of UnitedHealthcare's commercial plans held NCQA accreditation in 2018.

Visit NCQA's web site to see our health plans' current accreditation statuses at **ncqa.org**. UnitedHealthcare also maintained URAC Health Utilization Management accreditation.

Credentialing of Network Providers

In compliance with governmental and NCQA requirements, UnitedHealthcare assesses the credentials of all doctors and key health care professionals who participate in our networks. Assessments are conducted before the professional is added to our network and on a regular basis after joining.

UnitedHealthcare Affiliates

Learn about updates with our company partners.

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

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

New York & Connecticut Participating Provider Laboratory and Pathology Protocol Penalty Update, Effective Aug. 1, 2019

The New York & Connecticut Participating Provider Laboratory and Pathology Protocol requires the use of participating laboratory and pathology providers, unless the member agrees, in writing, in advance, on Oxford's Consent Form to use a nonparticipating lab or pathologist. If the member elects to use a non-participating provider, the claim will be paid according to their benefits, out-of-network or denied, if the member does not have out-of-network benefits. As of Aug. 1, 2019, if the participating provider does not submit a copy of the signed Consent Form, within 15 days of the request, Oxford will administratively deny the participating provider's claim.

Oxford® Medical and Administrative Policy Updates ›

UnitedHealthcare West Medical Management Guideline Updates ›

UnitedHealthcare West Benefit Interpretation Policy Updates ›

UnitedHealthcare Affiliates

Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

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

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

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

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

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

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

UnitedHealthcare Affiliates

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As of Aug. 1, 2019, if the participating provider does not submit a copy of the signed Consent Form, within 15 days of the request, Oxford will administratively deny the participating provider's claim. Any payment previously made will be subject to recovery. In these instances, the participating provider is prohibited from balance billing the member.

A complete list of participating laboratories and pathologists can be found in our Provider Directory.

UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **April 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
NEW		
Preimplantation Genetic Testing	Clinical	June 1, 2019
UPDATED/REVISED		
Abortions (Therapeutic and Elective)	Administrative	April 1, 2019
Accreditation Requirements for Radiology Services	Administrative	April 1, 2019
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Clinical	May 1, 2019
Assisted Administration of Clotting Factors, Coagulant Blood Products & Other Hemostatics	Clinical	April 1, 2019
Bone or Soft Tissue Healing and Fusion Enhancement Products	Clinical	April 1, 2019
Breast Reconstruction Post Mastectomy	Clinical	May 1, 2019
Breast Repair/Reconstruction Not Following Mastectomy	Clinical	May 1, 2019
Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	April 1, 2019
Care Plan Oversight	Reimbursement	April 1, 2019
Chromosome Microarray Testing (Non-Oncology Conditions)	Clinical	June 1, 2019
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Clinical	April 1, 2019
Cochlear Implants	Clinical	April 1, 2019
Complement Inhibitors (Soliris® & Ultomiris™)	Clinical	July 1, 2019
Computerized Dynamic Posturography	Clinical	April 1, 2019
Denosumab (Prolia® & Xgeva®)	Clinical	May 1, 2019
Drug Coverage Criteria – New and Therapeutic Equivalent Medications	Clinical	May 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		
Drug Coverage Guidelines	Clinical	April 1, 2019
Drug Coverage Guidelines	Clinical	May 1, 2019
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Clinical	April 1, 2019
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Clinical	April 1, 2019
Exondys 51® (Eteplirsen)	Clinical	April 1, 2019
Fecal Calprotectin Testing	Clinical	April 7, 2019
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Clinical	May 1, 2019
Infliximab (Remicade®, Inflectra™, Renflexis™)	Clinical	April 1, 2019
Intrauterine Fetal Surgery	Clinical	May 1, 2019
Maximum Frequency Per Day	Reimbursement	May 1, 2019
Maximum Frequency Per Day (CES)	Reimbursement	May 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Clinical	April 1, 2019
Obstetrical Ultrasonography	Clinical	April 1, 2019
Occipital Neuralgia and Headache Treatment	Clinical	April 1, 2019
Ocrevus™ (Ocrelizumab)	Clinical	May 1, 2019
Once in a Lifetime Procedures	Reimbursement	May 1, 2019
Orencia® (Abatacept) Injection for Intravenous Infusion	Clinical	May 1, 2019
Oxford's Outpatient Imaging Self-Referral	Clinical	April 1, 2019
Par Gastroenterologists Using Non-Par Anesthesiologists: In-Office & Ambulatory Surgery Centers	Administrative	May 1, 2019
Pectus Deformity Repair	Clinical	April 1, 2019
Precertification Exemptions for Outpatient Services	Administrative	May 1, 2019
Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	April 1, 2019
Rituximab (Rituxan® & Truxima®)	Clinical	April 1, 2019
Rituximab (Rituxan® & Truxima®)	Clinical	May 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		
Rituximab (Rituxan® & Truxima®)	Clinical	July 1, 2019
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Clinical	May 1, 2019
Stelara® (Ustekinumab)	Clinical	May 1, 2019
Thermography	Clinical	April 1, 2019
Trogarzo™ (Ibalizumab-Uiyk)	Clinical	April 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 (CT), Inc. and Oxford Health Plans (NJ), 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 **April 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
NEW	
Preimplantation Genetic Testing	June 1, 2019
UPDATED/REVISED	
Attended Polysomnography for Evaluation of Sleep Disorders	April 1, 2019
Bone or Soft Tissue Healing and Fusion Enhancement Products	April 1, 2019
Breast Reconstruction Post Mastectomy	May 1, 2019
Breast Repair/Reconstruction Not Following Mastectomy	May 1, 2019
Chromosome Microarray Testing (Non-Oncology Conditions)	June 1, 2019
Cochlear Implants	April 1, 2019
Computerized Dynamic Posturography	April 1, 2019
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	April 1, 2019
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	April 1, 2019
Fecal Calprotectin Testing	April 7, 2019
Gastrointestinal Motility Disorders, Diagnosis and Treatment	May 1, 2019
Intrauterine Fetal Surgery	May 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	April 1, 2019
Occipital Neuralgia and Headache Treatment	April 1, 2019
Pectus Deformity Repair	May 1, 2019
Thermography	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 Affiliates

UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **April 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 May 1, 2019)
Family Planning: Birth Control
Genetic Testing

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 the 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. ›

Prior Authorization Required for Therapeutic Radiopharmaceuticals

Effective Aug. 1, 2019, UnitedHealthcare will require prior authorization for therapeutic radiopharmaceuticals administered on an outpatient basis for UnitedHealthcare Community Plan members in Mississippi and Tennessee. ›

Site of Care Medical Necessity Reviews and Revised Prior Authorization Requirements for Speech, Occupational, and Physical Therapy Services — Effective May 13, 2019

UnitedHealthcare Community Plan of Florida aims to improve cost efficiencies for the overall health care system. One way we'll do that is by conducting site of care medical necessity reviews for all speech, occupational and physical therapy services. We're also revising our existing prior authorization requirements. For dates of service on or after May 13, 2019, once prior authorization for speech, occupational, or physical therapy services is requested in accordance with our prior authorization requirements, we'll determine whether the site of care is medically necessary, including cost effective, consistent with Florida's Agency for Health Care Administration (AHCA) definition of medical necessity. Site of care reviews will be conducted only if the service will be performed in an outpatient hospital. ›

New York & Connecticut Participating Provider Laboratory and Pathology Protocol Penalty Update, Effective Aug. 1, 2019

The New York & Connecticut Participating Provider Laboratory and Pathology Protocol requires the use of participating laboratory and pathology providers, unless the member agrees, in writing, in advance, on Oxford's Consent Form to use a nonparticipating lab or pathologist. If the member elects to use a non-participating provider, the claim will be paid according to their benefits, out-of-network or denied, if the member does not have out-of-network benefits. As of Aug. 1, 2019, if the participating provider does not submit a copy of the signed Consent Form, within 15 days of the request, Oxford will administratively deny the participating provider's claim. ›

Doc#: PCA-1-015515-04112019_04192019