network bulletin

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

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🗍 UnitedHealthcare®

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In the last several editions of the Network Bulletin, we've put out several notices regarding our newly expanded prior authorization requirements. ❯

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We make regular updates to our requirements for certain specialty medications to help give UnitedHealthcare commercial, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage members access to quality, medically appropriate medications at the lowest possible cost. ❯

Facility Admission Notification Requirement Reminder

As a reminder, facilities are responsible for admission notification at the time of admission, even if an advance notification was provided prior to the actual admission date. ❯

UnitedHealthcare Care Provider Administrative Guide for Commercial and Medicare Advantage Plans

Updated UnitedHealthcare Care Provider Administrative Guide available Jan. 1, 2020*

We post this essential resource for physicians, hospitals, facilities and other care providers on **UHCprovider.com/guides** annually on Jan. 1. In addition to the PDF version of the Guide, you can view the 2020 Guide in HTML. Both versions are available at **UHCprovider.com/guides**. Be sure to save the link to your favorites.

Resource Kit for UnitedHealthcare Care Provider Administrative Guide Now Available

The updated Resource Kit (formerly known as the Quick Reference Guide) is available at **UHCprovider.com/guides**. We developed this resource based on care provider feedback. It contains information you're likely to need early and often in your relationship with UnitedHealthcare.

Here are just some of the changes you'll find in this year's Guide. For more information, go online to the **2020 UnitedHealthcare Care Provider Administrative Guide**.

What's New in the 2020 Guide:

- **ID Cards:** New 2020 ID card samples for commercial and Medicare Advantage plans. Any reference to "ID card" includes a physical and digital card. *Chapter 2: Provider Responsibilities and Standards, page 7*.

- **New York Domestic and Sexual Violence Hotline (only applicable to New York care providers who see commercial and Oxford Health Plan members):** New York state law requires that all New York care providers post the Domestic and Sexual Violence Hotline information in their office. *Chapter 2: Provider Responsibilities and Standards, page 15*.

- **Non-Participating Care Providers (All Commercial Plans):** In non-emergency situations, UnitedHealthcare contractually requires participating care providers to refer members to care providers in UnitedHealthcare's network, unless an exception applies. In the past, exceptions to the requirement varied by service type. Going forward, the exceptions to the requirement will be uniform across all service types. You are required to refer UnitedHealthcare members to care providers that are in UnitedHealthcare's network unless (1) you have prior approval from us, or (2) you obtained the member's consent on the Member Consent for Referring to an Out-of-Network Provider form. This form aims to better help our members understand what may happen when you refer them to an out-of-network care provider. If our members aren't aware that they're referred to, or are receiving the services of, an out-of-network care provider, they can't make fully informed health care decisions and effectively control their out-of-pocket health care costs. For more information on the exceptions and the Member Consent for Referring to an Out-of-Network Provider form, see *Chapter 5: Referrals, page 28*.

- **New Prior Authorization Process for Certain Outpatient Medical Benefit Specialty Medications:** Optum manages prior authorization requests for certain medical benefit injectable medications for UnitedHealthcare commercial plan members. Click on the Specialty Pharmacy Transactions tile on your Link dashboard. *Chapter 7: Specialty Pharmacy and Medicare Advantage Pharmacy, page 49*.

- **Substance Use Disorder Helpline:** Details on 24/7 helpline for care providers and patients is provided through Optum. *Chapter 12: Health and Disease Management, page 79*.

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UnitedHealthcare Care Provider Administrative Guide for Commercial and Medicare Advantage Plans

- **Notification of Platform Transitions or Migrations:** A delegated entity agrees to provide at least 120 days advance written notice to UnitedHealthcare and its contract administrator or provider advocate of its intent to either change administrative platforms, or upgrade current platform, for impacted delegated functions or make material changes in existing administrative platforms. *Capitation and/or Delegation Supplement, page 97.*

- **OneNet PPO Supplement:** We further defined Property and Casualty benefit plans, which includes Workers Compensation plans, federal programs and auto liability plans. *OneNet PPO Supplement, page 162.*

- **Maternal Mental Health Screening (California Commercial Plans):** The California Department of Managed Health Care (AB 2193) requires licensed health care practitioners who provide prenatal or postpartum care for a patient to offer maternal mental health screening during the second and/ or third trimester and/or at the postpartum visit. *UnitedHealthcare West Supplement, page 239.*

*Except as otherwise noted, the new guide will become effective on April 1, 2020, for currently contracted care providers and effective Jan. 1, 2020, for care providers newly contracted on or after Jan. 1, 2020. This guide applies to commercial and Medicare Advantage plans only.

HEDIS® 2020 Medical Record Collection Overview

Beginning in January 2020, we may contact you to request member-specific medical records. UnitedHealthcare is required by the Centers for Medicare & Medicaid Services (CMS) to collect Healthcare Effectiveness Data and Information Set (HEDIS®) information each year from our participating care providers. In addition to helping us meet CMS requirements, HEDIS® medical record collection plays a critical role in supporting the care you provide to our members. Together we can help them manage existing medical conditions and be more engaged with their preventive health.

You can find out more about medical record collection by visiting UHCprovider.com > Menu > Resource Library > Patient Health and Safety > **HEDIS®**. You can also read about it in the **December 2019 Network Bulletin**.

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

Now Available: Individual Health Record™

Across the health care ecosystem, we have fragmented health data. Getting access to and making sense of all this data is challenging because the systems were never designed to talk to each other.

We want to help improve the health of every individual by creating a comprehensive story of their health, which we can start to do with UnitedHealthcare's Individual Health Record (IHR). IHR is now available to care providers through Link,* your secure gateway to UnitedHealthcare's self-service tools.

What is the IHR?

The IHR technology platform provides a more comprehensive digital record of a patient's health care history. The IHR consolidates and securely stores an individual's health data in one place, even if patients see other care providers. The patient summary may include prior treatments, procedures, conditions and prescribed medications.

IHR provides comprehensive, accurate information and tailored insights to each individual to support health collaboration across the system. IHR complements your existing population health tools and your Electronic Medical Record (EMR) by bridging the patient data gaps existing today.

How It's Different

IHR equips your practice with information that supports your ability to have deliberate and collaborative discussions with your patients, helping enable them to make better health care decisions.

Three Ways IHR Can Benefit Your Practice

1. IHR can make it easy to see **data between care providers** so you can make more informed health care decisions.
   - See the medications your patients are prescribed, even if those prescriptions come from outside of your health system.
2. IHR synthesizes data to **create insights** among individual health events.
   - See beyond a single condition, like diabetes – view all things related to the patient diagnosed with diabetes, such as labs, medications and related conditions.
3. IHR delivers a **more comprehensive record** of your patient's history, providing a line of sight to data from other care providers.
   - View case history, including problems, procedures and information from other care teams.

IHR is available through Link, your secure gateway to UnitedHealthcare's self-service tools. Visit **UHCprovider.com/IHR** for more information.

Care providers, and their staff, who are licensed in the state of Minnesota will soon be able to access the patient IHR.

Bringing You Smart Edits in the New Year

In an effort to continuously support care providers in our network, UnitedHealthcare offers a claims optimization tool called Smart Edits. The Smart Edits tool detects and flags errors within 24 hours of submitting a claim, prompting a Smart Edits message on your 277CA clearinghouse rejection report. You can correct the claim by responding to the Smart Edits message.

In 2020, you may receive a new type of Smart Edit called **Documentation Edit**, which alerts you when a submitted claim requires additional information before processing. The Documentation Edit will describe what supporting documentation is required and the appropriate format, which you can then submit using the claimsLink tool on Link. The claims process will be paused for five calendar days, allowing you to resolve the claim before it's processed. If documentation is not submitted within these five days, the claim will be released into UnitedHealthcare's claims processing system as originally submitted. If you receive a Documentation Edit, it will be indicated by status code R1:294 on your 277CA clearinghouse rejection report. Status codes are a quick way to navigate your clearinghouse rejection report to see what Smart Edits you have received.

In addition to our new Documentation Edit, here are the current types of Smart Edits you may see on your 277CA clearinghouse rejection report:

- A **Return Edit** is sent when the claim in question is likely to result in a denial, potential medical record requests or potential future overpayment requests. The claims process will be paused for five calendar days, allowing you to resolve and resubmit the claim before it's processed. If you receive a Return Edit, a status code of A3:21 will be displayed on your clearinghouse rejection report.

- An **Informational Edit** notifies you of key information in the claim submission process or about upcoming changes that require your attention, such as a change in a reimbursement policy. Informational Edits do not pause the claims process, but are sent to provide you with important information. A status code of A1:19 will be displayed on your 277CA clearinghouse rejection report if you receive an Informational Edit.

- An **Informational Banner** is intended to provide resources for further information on Smart Edits and the associated policies. Claims receiving Smart Edits will have an Informational Banner placed at the claim level. A status code of A1:19 will be displayed on your 277CA clearinghouse rejection report and will not pause the claims cycle.

For more information on how Smart Edits can speed up your claims cycle, visit **UHCprovider.com/smartedits**.

Prepare Today for Patients with Bind On-Demand Health Insurance

On Jan. 1, 2020, Bind on-demand health insurance will be available to all UnitedHealthcare employer groups across the nation.

The Bind plan overview:

- **Cost certainty** — No deductible or co-insurance. Clear copays available before seeking care.

- **Broad network*** — The Bind plan accesses a broad network of care providers.

- **Coverage** — The member premiums cover preventive to emergency care, primary and specialist doctor visits, most diagnostic testing and prescription drugs, as well as treatment for chronic conditions, cancer and unexpected catastrophic events.

  – For a small set of plannable procedures with a variety of treatment options and locations, such as endoscopies or knee replacement, members can buy additional coverage (Add-Ins) at any time – but the member must elect this additional coverage **at least three days before** their procedure and pay an additional premium for a period of time, plus the copay for the service.

*Bind accesses UnitedHealthcare networks and contracts. Referrals are not required for Bind members. Bind members will have a member ID card that easily identifies the plan.

How to Prepare for Bind Benefits

Add the Bind Benefits, Inc., payer ID number into your systems; this is a critical step to avoid delays in claims handling and processing:

- Bind Benefits Inc. is the payer, with a **payer ID of 25463**. Depending on your system, Bind Benefits, Inc., may be entered as the "insurance" carrier.

- This payer ID may be attached to multiple networks.

- Refer to the member ID card for the specific network accessed by the member.

Member Eligibility and Copays Can Be Verified through:

- The network website address listed on the back of the member ID card.

- The provider help/eligibility **phone number** on the back of the member ID card.

- A 270/271 Health Care Eligibility and Inquiry Response.

Prepare Today for Patients with Bind On-Demand Health Insurance

Bind Member ID card

The sample member ID card identifies areas that will be helpful to you: payer ID/where to send claims, provider website to check eligibility and provider help phone number. Note: Each member ID card may look different depending on the employer, the member location and the location where provider services are rendered.

Questions?

For protocols, please refer to the Administrative Guide at **UHCprovider.com/guides** or **UHC On Air**. You can also call the number on the back of the member's ID card.

bind on-demand health insurance — XYZ CORPORATION

Group #: 012345678

Member	ID Number	Relationship
Jane Doe	**771000000000**	**Subscriber**
John Doe	771000000001	Dependent
Madison Doe	771000000002	Dependent
Benjamin Doe	771000000003	Dependent

Members: MyBind.com
Bind help for Members: 833.576.6494 or help@mybind.com
Present this card to your healthcare provider.

This card does not guarantee coverage.

bind on-demand health insurance

Pharmacy:

NAVITUS HEALTH SOLUTIONS

Bin: 610602
PCN: NVT
Rx Group: NVXYZ

Navitus Health Solutions, LLC
Ops Division - Claims
P.O. Box 999
Appleton, WI
54912-0999

Pharmacy/Prescriber:
855.673.6504

Claims:

Submit claims:

Bind Benefits, Inc.
Payer ID: 25463

Bind Benefits, Inc.
P.O. Box 211758
Eagan, MN 55121

Networks:

UnitedHealthcare Choice Plus Network

Portal:
uhss.umr.com

Provider Help/Eligibility:
844.368.6661

PreCert:
877.237.0006

Out of Network Discount
MultiPlan
multiplan.com
800 887 8794

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Changes to Infertility Prescriptions Benefit Coverage for OptumRx and UnitedHealthcare Commercial Plan and Specialty Pharmacy Members

OptumRx and UnitedHealthcare have changed our designated specialty pharmacy for infertility medications from Freedom Fertility Pharmacy to Avella Specialty Pharmacy as of Jan. 1, 2020.

Avella Specialty Pharmacy has been a leader in the fertility space for more than 20 years. This transition provides a dedicated, specially trained fertility team that's focused on creating an enhanced patient experience for those going through fertility treatment. Patients will benefit from a wide range of support services and expert, compassionate care to help them create a family. From pharmacists and specialty care coordinators to insurance specialists, the team that makes up our fertility concierge services is available whenever patients need them.

Coverage details:

- This change only affects plans that include fertility medications in their benefit coverage.
- Members in a current treatment cycle using one of these medications will be allowed to continue using Freedom Fertility Pharmacy through Feb. 28, 2020.
- All new cycles will be subject to the new coverage requirements implemented Jan. 1, 2020, for these medications.
- Preferred medications will also be changing. A clinical review is available to determine coverage for all alternative therapies.

Preferred Medications	Alternative Treatment Option(s)
Follistim® AQ	Gonal-F®, Gonal-F RFF
Ganirelix® Acetate (Merck/Organon)	Ganirelix Acetate (Ferring), Cetrotide®
Pregnyl®, Novarel®	Ovidrel® , Chorionic Gonadotropin

What This Means for Care Providers

Care Providers will need to send fertility prescriptions to Avella Specialty Pharmacy as of Jan. 1, 2020.

Visit **Avella.com/fertility** to download the Avella Specialty Pharmacy referral form.

Changes to Infertility Prescriptions Benefit Coverage for OptumRx and UnitedHealthcare Commercial Plan and Specialty Pharmacy Members

Referrals may be faxed to 877-546-5780; phoned in to 877-358-9016 or electronically prescribed to:

> Avella of Deer Valley #38
> 24416 N. 19th Ave.
> Phoenix, AZ 85085-1877
> NPI: 1780030163

Since prescription drug list and benefit variations may occur, care providers should refer to patient-specific information received via e-prescribing or the PreCheck MyScript® (PCMS) tool on Link.

Questions?

✉ | Email **fertility@avella.com**.

Resources to Support Veterans Affairs Community Care Network (VA CCN) Providers

Care providers and facilities contracted for Veterans Affairs Community Care Network (VA CCN) through UnitedHealthcare or Optum have a website available to them at **vacommunitycare.com**. Click "I am a Provider" to access information and training specific to VA CCN. Be sure to check News and Announcements for updates on VA CCN, including health care delivery dates.

The VA CCN Provider Manual was updated Dec. 1, 2019 and is available under Training & Guides.

You can view educational videos on **UHC On Air** VA Community Care Network channel.

A dedicated provider services support team is available to answer inquiries from 8 a.m. to 6 p.m. provider's local time, Monday – Friday, excluding federal holidays:

- CCN Provider Services Region 1: **888-901-7407**
- CCN Provider Services Region 2: **844-839-6108**
- CCN Provider Services Region 3: **888-901-6613**

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial and UnitedHealth Oxford commercial plans. To view it, go to **UHCprovider.com/pharmacy**. In addition, be sure to review the Additional Resources section on the Drug Lists and Pharmacy page of UHCprovider.com regarding the Levemir exclusion delay.

Changes to Advance Notification and Prior Authorization Requirements

View the Upcoming Changes to Advance Notification and Prior Authorization Requirements bulletin to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > **2020 Summary of Changes**.

We make these changes as part of our ongoing responsibility to evaluate medical policies, clinical programs and health benefits compared to the latest scientific evidence and medical specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, improved health outcomes and lower costs.

> To see current prior authorization requirements for all plans, please visit UHCprovider.com/priorauth > **Advance Notification and Plan Requirement Resources** > Select a Plan Type.

Medical Policy Updates

Access a **Policy Update Bulletin** from the following list for complete details on the latest updates:

UnitedHealthcare Commercial & Affiliates

- UnitedHealthcare Commercial Medical Policy Update Bulletin: January 2020
- Oxford Policy Update Bulletin: January 2020
- UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: January 2020
- UnitedHealthcare West Medical Management Guideline Update Bulletin: January 2020

UnitedHealthcare Community Plan

- Community Plan Medical Policy Update Bulletin: January 2020

UnitedHealthcare Medicare Advantage

- Medicare Advantage Coverage Summary Update Bulletin: January 2020
- Medicare Advantage Policy Guideline Update Bulletin: January 2020

UnitedHealthcare Dental

- Dental Policy Update Bulletin: January 2020

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Radiology Program Procedure Code Changes — Effective Jan. 1, 2020

Effective Jan. 1, 2020, UnitedHealthcare will update the procedure code list for the Radiology Notification and Prior Authorization programs based on code changes made by the American Medical Association (AMA). Claims with dates of service on or after Jan.1, 2020 are subject to these changes.

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

Code	Code Description	Comments
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (e.g., head, neck, chest, pelvis), single day imaging	New code replacing 78805, 78806 or 78807 (78805, 78806 and 78807 are deleted codes as of Jan. 1, 2020)
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum two areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over two or more days	New code replacing 78805, 78806 or 78807 (78805, 78806 and 78807 are deleted codes as of Jan. 1, 2020)
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum two areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over two or more days	New code replacing 78805, 78806 or 78807 (78805, 78806 and 78807 are deleted codes as of Jan. 1, 2020)

Radiology Program Procedure Code Changes — Effective Jan. 1, 2020

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

Code	Code Description	Comments
78205	Liver Imaging SPECT (3D)	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78206	Liver Imaging SPECT With Vascular Flow	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78320	Bone Joint Imaging Tomographic Test SPECT	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78607	Brain Imaging 3D	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78647	Cerebrospinal Fluid Scan (Tomographic) SPECT	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78710	Kidney Imaging - Tomographic (SPECT)	Deleted code as of Jan. 1, 2020 (Use 78803 effective Jan. 1, 2020)
78805	Radiopharmaceutical Localization of Abscess, Limited Area	Deleted code as of Jan. 1, 2020 (Select appropriate AMA code effective Jan. 1, 2020)
78806	Radiopharmaceutical Localization Of Abscess, Whole Body	Deleted code as of Jan. 1, 2020 (Select appropriate AMA code effective Jan. 1, 2020)
78807	Radiopharmaceutical Localization Of Abscess, Tomographic SPECT	Deleted code as of Jan. 1, 2020 (Select appropriate AMA code effective Jan. 1, 2020)

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

| For complete details on this radiology protocol, refer to the current **UnitedHealthcare Care Provider Administrative Guide** available online at UHCprovider.com > **Administrative Guides and Manuals**.

CPT® is a registered trademark of the American Medical Association.

New Controlled Substance e-Prescription Requirement for OptumRx Home Delivery Pharmacy

Beginning Jan. 1, 2020, OptumRx® home delivery pharmacy will accept only e-prescriptions for opioids and other controlled substances for home delivery pharmacy service. Non-electronic prescriptions will not be filled.

Based on recent care provider feedback, we would like to provide additional information on Electronic Prescribing of Controlled Substances (EPCS) and how it may impact you.

To learn more:

- Review our **EPCS Frequently Asked Questions** at **professionals.optumrx.com/epcs**.

- View our recorded **EPCS Webinar** at **brainshark.com/OptumRx/vu?pi=zIQzaebsmzNh2Pz0**. It provides more context on why OptumRx home delivery pharmacy is making this change and the steps to become EPCS compliant. The webinar is only 12 minutes long and would be informative for a lunch-and-learn with your staff.

- Visit our **EPCS Landing Page** at **professionals.optumrx.com/epcs** for additional tools and short video.

We're here to support you during this change. If you have any additional questions, email us at **EPCSquestions@optum.com**.

Changes to Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

In the last several editions of the Network Bulletin, we've put out several notices regarding our newly expanded prior authorization requirements. We've been making these changes with the goal of minimizing out-of-pocket costs for our plan members and helping improve cost efficiencies for the overall health care system, while still providing access to safe, quality health care.

To help you understand the deployment schedules, we'd like to provide a synopsis of the various expansions and their effective dates.

Expanded Surgical Code Effective Dates					
These CPT® codes will be subject to notification/prior authorization requirements for dates of services starting on or after the dates listed in the table. Note that the information in this table only pertains to UnitedHealthcare commercial plans.					
States	**Original Codes**	**Expanded Codes**			
		Code Group 1	**Code Group 2**	**Code Group 3**	**Code Group 4**
Most States	Oct. 1, 2015	Nov. 1, 2019	Jan. 1, 2020	Feb. 1, 2020	March 1, 2020
California, Connecticut, New Jersey, New York	Oct. 1, 2015	Dec. 1, 2019	Feb. 1, 2020	March 1, 2020	March 1, 2020
Maryland, Rhode Island	Oct. 1, 2015	Jan. 1, 2020	Jan. 1, 2020	Feb. 1, 2020	March 1, 2020
Colorado	Oct. 1, 2015	Jan. 1, 2020	April 1, 2020	April 1, 2020	April 1, 2020
Georgia, ***Iowa**, Kansas, Maine, Nebraska, New Hampshire, North Carolina, South Carolina, Vermont	Oct. 1, 2015	March 1, 2020	March 1, 2020	March 1, 2020	March 1, 2020
Currently Excluded States	*Iowa and **Utah	**Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin			

*As of March 1, 2020, Iowa will be included in the Original Codes list.

**As of Nov. 1, 2019, Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin are excluded from the Original Codes list until further notice.

Changes to Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

Outpatient Surgical Procedures — Site of Service Utilization Review Guideline

Surgical codes that are subject to site of service medical necessity reviews as of the effective dates above are listed in the **Outpatient Surgical Procedures – Site of Service Utilization Review Guideline** at UHCprovider.com > Policies and Protocols > Commercial Policies > **Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans**.

When the Expanded Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews Apply

The expanded notification/prior authorization requirements and site of service medical necessity reviews will apply to UnitedHealthcare commercial benefit plans, including exchange benefit plans and the following benefit plans:

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

The expanded notification/prior authorization requirements and site of service medical necessity reviews will <u>not</u> apply to UnitedHealthcare West or Sierra at this time.

Important Changes

- As of **March 1, 2020**, Iowa will be included in the Original Codes (see table).
- As of **Nov. 1, 2019**, Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin are excluded from the Original Codes until further notice (see table).
- **UnitedHealthcare Oxford Site of Service Expansion – Effective Date Postponed**
  We previously communicated that these expanded notification/prior authorization requirements and site of service medical necessity reviews for surgical codes would be effective for UnitedHealthcare Oxford as of Feb. 1, 2020. However, we're postponing the effective date for UnitedHealthcare Oxford to on or after **April 6, 2020**.
  - You can find the clinical policy, including a complete list of the codes, in the **Oxford Policy Update Bulletin: January 2020**
- We have removed the codes listed **here** from the list of surgical codes that are subject to site of service medical necessity reviews.
- Additionally, we've **removed CPT codes 36471 and 47533** from the list of surgical codes that are subject to site of service medical necessity reviews.

Changes to Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

Completing the Notification/Prior Authorization Process

The process for completing the notification/prior authorization request and timeframes remain the same. You can learn more about how to use the prior authorization advanced notification (PAAN) link through training, complete the notification/prior authorization process or confirm a coverage decision as follows:

- **Online:** Go to **UHCprovider.com/paan**
- **Phone:** Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday

Helpful Resources

As always, the best way to check whether a service requires prior authorization is to go online and search the Prior Authorization and Notification tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Learn more at UHCprovider.com/paan.

Site of Service Medical Necessity Reviews for MR/CT Imaging Procedures for UnitedHealthcare Oxford Commercial Benefit Plans — Effective Date Postponed

We previously communicated that, effective for dates of service on or after Feb. 1, 2020, MR/CT imaging procedures that are already subject to prior authorization and medical necessity requirements would be subject to site of service medical necessity reviews for UnitedHealthcare Oxford commercial benefit plans. However, we're postponing the effective date for UnitedHealthcare Oxford to a date in 2020 that has yet to be determined. Once we decide on a new effective date, we'll inform care providers in a future edition of the Network Bulletin.

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

Care providers should review the following tables to determine changes to our specialty medical injectable drug programs:

Specialty Medical Injectable Drug Added to Review at Launch

Drug Name	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses
Givlaari™ (Givosiran)	X	X		For the treatment of adult patients with acute hepatic porphyria.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, go to UHCprovider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans > Review at Launch for New to Market Medications > **Review at Launch Medication List**.

To view the **UnitedHealthcare Community Plan** Review at Launch Drug List Plan, go to UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan > Review at Launch for New to Market Medications > **Review at Launch Medication List**.

Front & Center

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

Drugs Requiring Notification/Prior Authorization

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Treatment Uses	Summary of Changes
Stelara®, Cimzia®, Benlysta	April 1, 2020		X		Inflammatory biologics are indicated for the treatment of various inflammatory diseases such as rheumatoid arthritis, psoriasis, and inflammatory bowel diseases.	Require prior authorization.
Intravenous Iron Replacement Therapy – (Feraheme® & Injectafer®)	April 1, 2020	X	X		Injectafer and Feraheme are indicated for the treatment of iron deficiency anemia in adults with non-dialysis dependent chronic kidney disease.	Require notification/ prior authorization.
Rituximab – (Rituxan®, Ruxience™, and Truxima®)	April 1, 2020	X	X (New Jersey Community Plan effective date is Feb. 1, 2020)		Rituximab is for the treatment of several non-cancer related conditions, including immune thrombocytopenic purpura, pemphigus vulgaris, Wegener's granulomatosis, rheumatoid arthritis.	Require notification/ prior authorization for non-cancer related conditions. For UnitedHealthcare commercial plans, Rituxan and Ruxience are preferred products; Truxima is non-preferred.
Reblozyl® (Luspater-ceptaamt)	*See right*	July 1, 2020	April 1, 2020	April 1, 2020	Reblozyl is for the treatment of anemia in adult patients with beta-thalassemia who require regular blood transfusions.	Require notification/ prior authorization. For UnitedHealthcare commercial plans, Site of Care review will be required.

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

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

Front & Center

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

New and Updated Drug Policies

Drug Name	Effective Date	UnitedHealthcare Commercial	UnitedHealthcare Community Plan	UnitedHealthcare Medicare Advantage	Summary of Changes
Intravenous Iron Replacement Therapy — (Feraheme® & Injectafer®)	April 1, 2020	X	X		Require notification/prior authorization with a step therapy through lower cost alternative IV iron products.
Rituximab – (Rituxan®, Ruxience™, and Truxima®)	Feb. 1, 2020	X	X		Addition of the biosimilar, Ruxience, to the drug policy. Adding the new indication multiple sclerosis.
Rituximab – (Rituxan®, Ruxience™, and Truxima®)	April 1, 2020	X			Require notification/prior authorization. Rituxan and Ruxience are preferred products, Truxima is non-preferred.

Upon prior authorization renewal, the updated policy will apply. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member's eligibility changes.

Facility Admission Notification Requirement Reminder

As a reminder, facilities are responsible for admission notification at the time of admission, even if an advance notification was provided prior to the actual admission date. Reimbursement reductions for lack of timely admission notification may apply as per your contractual requirements.

The admission notification requirements apply to all of the following:

- Planned elective admissions for acute care
- Unplanned admissions for acute care
- Admissions following observation
- Admissions following outpatient surgery
- Skilled Nursing Facility (SNF) admissions
- Long Term Acute Care Hospital (LTACH) Acute Inpatient Rehab (AIR)

Admission notification can be submitted via the following methods: PAAN (include link) and 278. You can also submit your clinical information online at **UHCprovider.com/paan**.

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

UnitedHealthcare NexusACO® Benefit Plans Will Expand Access in 2020

Membership in the UnitedHealthcare NexusACO benefit plans is continuing to grow. Starting Jan. 1, 2020, even more members will have access to the UnitedHealthcare NexusACO plans. ❯

Notification/Prior Authorization Requirement for Allograft/Spinal Surgery — Starting March 1, 2020

Effective for dates of service on or after March 1, 2020, for certain states, we'll expand our notification/prior authorization requirements for UnitedHealthcare commercial benefit plans to include CPT® code 20930 when used in spinal surgery. ❯

Oncology Peer Comparison Reports Mailed in December

In December 2019, select oncology practices were mailed their Peer Comparison reports. ❯

Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

We require care providers who participate in UnitedHealthcare's commercial networks to obtain certain specialty medications from a participating specialty pharmacy provider in our specialty pharmacy network, except as otherwise authorized by us. ❯

Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouper Mapping

On Jan. 1, 2020, code updates will be made to the current UnitedHealthcare 2019 Outpatient Procedure Grouper (OPG) mapping. ❯

UnitedHealthcare Commercial Reimbursement Policy Updates ❯

Prior Authorization Required for Continuous Glucose Monitoring for Members with Type 2 Diabetes

Beginning April 1, 2020, UnitedHealthcare will require prior authorization for personal long–term continuous glucose monitors (CGM) used for the management of Type 2 intensive insulin using diabetics. ❯

GEHA, in Partnership with UnitedHealthcare, Is Offering New Benefit Plans to Federal Employees — Elevate and Elevate Plus

UnitedHealthcare is partnering with GEHA (Government Employees Health Association) to offer new benefit plans. ❯

UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

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UnitedHealthcare Shared Services Updates for GEHA

We're providing updates on access to UnitedHealthcare care providers to Government Employees Health Association (GEHA) members. ❯

Out-of-Network Laboratory Referral Protocol Reminder

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. ❯

Shared Capitation Payment Arrangement in Select Markets Starts April 1, 2020

Beginning April 1, 2020, UnitedHealthcare will launch a shared capitation agreement between Laboratory Corporation of America and Quest Diagnostics. ❯

UnitedHealthcare Commercial

UnitedHealthcare NexusACO® Benefit Plans Will Expand Access in 2020

Membership in the UnitedHealthcare NexusACO benefit plans is continuing to grow. Starting Jan. 1, 2020, even more members will have access to the UnitedHealthcare NexusACO plans.

UnitedHealthcare NexusACO is an accountable care organization (ACO)-focused tiered product. The NexusACO benefit plan designs encourage members to receive their care from the Tier 1 providers for the lowest level of cost sharing. Nationally, ACOs in certain markets have been selected to be included in Tier 1 for the UnitedHealthcare NexusACO benefit plans. In markets where ACOs are not yet featured for UnitedHealthcare NexusACO, Tier 1 is made up of UnitedHealth Premium® Care physicians. Members still have access to our broader network of care providers and facilities, but at a higher level of cost sharing.

TIER 1 Tier 1 care providers will have the Tier 1 graphic by their name in the UnitedHealthcare NexusACO care provider directory at **UHCprovider.com** > Menu > **Find a Care Provider** > NexusACO Care Provider Directory.

UnitedHealthcare NexusACO Tier 1 care providers are:

- ACO care providers, supplemental care providers and selected oncologists in areas where there's a featured ACO
- Premium Care physicians in the UnitedHealth Premium® program and oncologists in areas without a featured ACO

Health Plan Key Features

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

NexusACO R requires referrals.

NexusACO OA doesn't require referrals.

The referral and notification/prior authorization processes are separate.

Requirements vary by member benefit plan:

- Use the **eligibilityLink** tool at **UHCprovider.com/ eligibilityLink** to find out if referrals, notifications or prior authorizations are required for the requested services.
- Use the **referralLink** tool on Link to see if a referral is needed for your patient, submit a referral request and check referral status.
- Referrals to network physicians must be submitted electronically by the member's PCP or a PCP with the same tax ID number (TIN).

Refer to the member ID card to identify the member's benefit plan. The ID card will also show if a referral is required. Standard prior authorization and notification requirements, listed in **UnitedHealthcare Administrative Guide**, apply. For more information about NexusACO referral requirements, go to **UHCprovider.com/referrals**.

For More Information

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

Notification/Prior Authorization Requirement for Allograft/Spinal Surgery — Starting March 1, 2020

Effective for dates of service on or after March 1, 2020, for certain states, we'll expand our notification/prior authorization requirements for UnitedHealthcare commercial benefit plans to include CPT® code 20930 when used in spinal surgery.

Code	Code Description
20930 only	Allograft, morselized, or placement of osteopromotive material, for spine surgery (List separately in addition to code for primary procedure)

You can find our Medical Policy we use to facilitate our medical necessity review at UHCprovider.com/policies > Commercial Policies > **Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans** > Bone or Soft Tissue Healing and Fusion Enhancement Products.

Dates of Service

This prior authorization requirement is effective for dates of service on or after **April 1, 2020**, for California, Colorado, Connecticut, New Jersey, New York, Kansas, Kentucky and Ohio and Nebraska. This change will take effect on June 1, 2020 for Iowa.

Applicable Benefit Plans

Applicable to UnitedHealthcare commercial and exchange benefit plans, including:

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

The following plans are excluded from this requirement:

- Sierra
- UnitedHealthcare Oxford
- UnitedHealthcare West

UnitedHealthcare Commercial

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Notification/Prior Authorization Requirement for Allograft/ Spinal Surgery — Starting March 1, 2020

Changes to Advance Notification and Prior Authorization Requirements

View the Upcoming Changes to Advance Notification and Prior Authorization Requirements bulletin to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > **2019 Summary of Changes**. We make these changes as part of our ongoing responsibility to evaluate medical policies, clinical programs and health benefits compared to the latest scientific evidence and medical specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, improved health outcomes and lower costs. To see current prior authorization requirements for all plans, please visit **UHCprovider.com/priorauth** > Advance Notification and Plan Requirement Resources > Select a Plan Type.

UnitedHealthcare Commercial

Oncology Peer Comparison Reports Mailed in December

In December 2019, select oncology practices were mailed their peer comparison reports. The report shows how their practice compares to other oncology practices in our network and identifies areas where they're doing well and where there may be some room for improvement.

UnitedHealthcare Peer Comparison Reports provide physician practices 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 physician practices whose paid claims data for UnitedHealthcare members over a given period varies from expected practice patterns
- Leveraging performance measures endorsed by the National Quality Forum (NQF) and used in the Oncology Care Model
- Working collaboratively to help improve value for UnitedHealthcare members by helping ensure services they receive align with evidence-based standards of care
- Identifying focused areas for improvement with suggested actions to help reduce variations

You can find more information about oncology peer comparison reports at **UHCprovider.com/peer**. You can also email us at **physician_engagement@uhc.com** or call our Health Care Measurement Resource Center at **866-270-5588**.

UnitedHealthcare Commercial

Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

To support the care provider/patient relationship in managing rare and complex chronic conditions, under our existing "Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications" set forth in our UnitedHealthcare Care Provider Administrative Guide, we require care providers who participate in UnitedHealthcare's commercial networks to obtain certain specialty medications from a participating specialty pharmacy provider in our specialty pharmacy network, except as otherwise authorized by us. Existing requirements apply to medications covered under the member's medical benefit.

To further support these efforts, effective for dates of services on or after April 1, 2020, we are expanding our existing specialty pharmacy requirements such that hospitals will be required to obtain certain specialty medications from the specialty pharmacies listed in the table below, unless otherwise authorized by us. In the event the specialty medication is obtained through the specialty pharmacy listed below, the specialty pharmacy will bill UnitedHealthcare directly for these medications under the member's medical benefit. Hospitals may only seek reimbursement from UnitedHealthcare for administration of the medication and not for the medication itself. The specialty pharmacy will advise the member of any medical cost-share responsibility and arrange for the collection of it. Hospitals may not seek any reimbursement from the member for the medication.

Applicability of the Expanded Specialty Pharmacy Requirements

These requirements:

- Apply to the drugs listed below when dispensed in the outpatient hospital setting.
- Do not apply when the medication is supplied in a hospital inpatient setting or medications provided in a physician's office, ambulatory infusion suite, or home infusion setting.
- Apply to UnitedHealthcare commercial plans including but not limited to UnitedHealthcare, UnitedHealthcare of the River Valley, Neighborhood Health Partnership, All Savers and UnitedHealthcare of the Mid-Atlantic plans, except the requirements do not apply to UnitedHealthcare Oxford, UnitedHealthcare West or Sierra plans. UnitedHealthcare Oxford commercial plans are subject to the "Specialty Pharmacy Protocol for Certain Specialty Medications Administered in an Outpatient Hospital Setting" located online at **UHCprovider.com/content/dam/provider/docs/public/policies/ protocols/Spec-Pharm-Protocol-Oxford.pdf**.
- Do not apply when Medicare or another health benefit plan is the primary payer and UnitedHealthcare is the secondary payer.

Prior to April 1, 2020, we will inform you if any states will be excluded from these expanded specialty pharmacy requirements.

UnitedHealthcare Commercial

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Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

We anticipate that all hospitals will be able to source the specialty medications to be administered in an outpatient hospital setting from the indicated specialty pharmacies listed below. In the event a hospital does not obtain the specialty medication through the specialty pharmacy listed below, UnitedHealthcare will issue a denial of payment for the medication for failure to follow the protocol. Hospitals may not bill members for medication that is denied for failure to follow the protocol.

Medication Name	Therapeutic Class	HCPCS/CPT Code	Specialty Pharmacy
Actemra®	Inflammatory Conditions	J3262	OptionCare Health Optum Pharmacy (BriovaRx)
Aldurazyme®	Enzyme Replacement Therapy	J1931	Accredo OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Aralast NP	Alpha1-proteinase inhibitors	J0256	Accredo CVS/Caremark OptionCare Health
Benlysta	Monoclonal Antibody Miscellaneous	J0490	OptionCare Health Optum Pharmacy (BriovaRx)
Bivigam®	Immune Globulin	J1556	BriovaRx
Carimune®	Immune Globulin	J1566	Accredo OptionCare Health Optum Pharmacy (BriovaRx)
Cerezyme®	Enzyme Deficiency (Gaucher Disease)	J1786	Accredo OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Cutaquig®	Immune Globulin	J3590 / 90284	OptionCare Health Optum Pharmacy (BriovaRx)
Cuvitru®	Immune Globulin	J1555	Accredo OptionCare Health Optum Pharmacy (BriovaRx)

UnitedHealthcare Commercial

Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

Medication Name	Therapeutic Class	HCPCS/CPT Code	Specialty Pharmacy
Elaprase®	Enzyme Replacement Therapy	J1743	Accredo CVS Caremark OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Elelyso®	Enzyme Deficiency (Gaucher Disease)	J3060	Accredo Eversana Orsini Pharmaceutical Services
Entyvio®	Inflammatory Conditions	J3380	OptionCare Health Optum Pharmacy (BriovaRx)
Exondys 51®	Gene Therapy	J1428	OptionCare Health Orsini Pharmaceutical Services
Fabrazyme®	Enzyme Replacement Therapy	J0180	Accredo OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Flebogamma	Immune Globulin	J1572	Accedo OptionCare Health Optum Pharmacy (BriovaRx)
Gammagard	Immune Globulin	J1569	Accedo OptionCare Health Optum Pharmacy (BriovaRx)
Gammaked	Immune Globulin	J1561	Accedo OptionCare Health Optum Pharmacy (BriovaRx)
Gammaplex	Immune Globulin	J1557	Accedo OptionCare Health Optum Pharmacy (BriovaRx)
Gamunex®	Immune Globulin	J1561	Accedo OptionCare Health Optum Pharmacy (BriovaRx)

UnitedHealthcare Commercial

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Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

Medication Name	Therapeutic Class	HCPCS/CPT Code	Specialty Pharmacy
Glassia®	Alpha1-proteinase inhibitors	J0257	Accredo CVS Caremark OptionCare Health
Hizentra®	Immune Globulin	J1559	Accredo OptionCare Health Optum Pharmacy (BriovaRx)
Hyqvia	Immune Globulin	J1575	Accredo OptionCare Health Optum Pharmacy (BriovaRx)
Ilaris®	Immune Modulator	J0638	CVS/Caremark
Ilumya™	Inflammatory Conditions	J3245	Optum Pharmacy (BriovaRx)
Inflectra®	Inflammatory Conditions	Q5103	OptionCare Health Optum Pharmacy (BriovaRx)
Kanuma®	Enzyme Replacement Therapy	J2840	Accredo Orsini Pharmaceutical Services OptionCare Health/Walgreens
Krystexxa®	Anti Gout Agent	J2507	Optum Pharmacy (BriovaRx)
Lemtrada®	Multiple Sclerosis	J0202	Accredo Optum Pharmacy (BriovaRx)
Lumizyme®	Enzyme Replacement Therapy	J0221	Accredo OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Mepsevii™	Enzyme Replacement Therapy	J3397	Accredo
Naglazyme®	Enzyme Replacement Therapy	J1458	Accredo CVS/Caremark OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services

UnitedHealthcare Commercial

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Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

Medication Name	Therapeutic Class	HCPCS/CPT Code	Specialty Pharmacy
Octagam	Immune Globulin	J1568	Accredo OptionCare Health Optum Pharmacy (BriovaRx)
Orencia IV®	Inflammatory Conditions	J0129	OptionCare Health Optum Pharmacy (BriovaRx)
Panzyga®	Immune Globulin	J1599	OptionCare Health Optum Pharmacy (BriovaRx)
Privigen®	Immune Globulin	J1459	Accredo
Prolastin-C®	Alpha1-proteinase inhibitors	J0256	Eversana
Remicade®	Inflammatory Conditions	J1745	OptionCare Health Optum Pharmacy (BriovaRx)
Renflexis®	Inflammatory Conditions	Q5104	CVS/Caremark OptionCare Health Optum Pharmacy (BriovaRx)
Revcovi™	Enzyme Replacement Therapy	J3590	OptionCare Health/Walgreens
Simponi Aria®	Inflammatory Conditions	J1602	Accredo OptionCare Health Optum Pharmacy (BriovaRx)
Soliris®	Blood Modifying Agent	J1300	OptionCare Health Optum Pharmacy (BriovaRx)
Trogarzo®	HIV	J1746	Accredo OptionCare Health
Tysabri®	Multiple Sclerosis	J2323	OptionCare Health Optum Pharmacy (BriovaRx)
Ultomiris®	Blood Modifying Agent	J1303	Accredo OptionCare Health Optum Pharmacy (BriovaRx) US Bioservices

UnitedHealthcare Commercial

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Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

Medication Name	Therapeutic Class	HCPCS/CPT Code	Specialty Pharmacy
Vimizim®	Enzyme Replacement Therapy	J1322	Accredo OptionCare Health/Walgreens Orsini Pharmaceutical Services
VPRIV®	Enzyme Deficiency (Gaucher Disease)	J3385	Accredo OptionCare Health Optum Pharmacy (BriovaRx) Orsini Pharmaceutical Services
Zemaira®	Alpha1-proteinase inhibitors	J0256	Accredo

BriovaRx/OptumRx Specialty is an affiliate of UnitedHealthcare.

Specialty Pharmacy Contacts:

Accredo
Phone: 877-222-7336
Fax: 866-579-4655

CVS/Caremark
Phone: 1-800-237-2767
Fax: 1-800-323-2445

Eversana
Phone: 866-849-4481
Fax: 877-473-3172

OptionCare Health
Phone: 1-866-827-8203

Optum Pharmacy (BriovaRx)
Phone: 855-242-2241
Fax: 877-342-4596

Orsini Pharmaceutical Services
Phone: 800-697-5048
Fax: 877-471-5704

US Bioservices
Phone: 888-518-7246
Fax: 888-418-7246

Walgreens
Phone: 888- 282-5166
Fax: 888-570-4700

Reminder: Unless otherwise authorized by us,

- Hospitals may only seek reimbursement from UnitedHealthcare for the appropriate code for medication administration
- Hospitals may not seek reimbursement for the medication itself
- Hospitals may not seek reimbursement from members for the specialty medication

The existing "Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications" can be found in the UnitedHealthcare Care Provider Administrative Guide online at **UHCprovider.com/guides**.

UnitedHealthcare Commercial

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Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

The list of specialty pharmacy requirements can be found online at **UHCprovider.com/content/dam/provider/ docs/public/resources/pharmacy/UHC-Admin-Drug-Chart.pdf**. These requirements apply to all UnitedHealthcare commercial plans including, but not limited, to UnitedHealthcare, UnitedHealthcare of the River Valley, Neighborhood Health Partnership, All Savers and UnitedHealthcare of the Mid-Atlantic plans. These requirements do not apply to UnitedHealthcare West or UnitedHealthcare Oxford plans. UnitedHealthcare Oxford commercial plans are subject to the Oxford specialty pharmacy requirements referenced above. Hospitals must comply with existing and expanded specialty pharmacy requirements.

Questions?

Please contact your Network Management or Provider Relations teams.

Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouper Mapping

On Jan. 1, 2020, the following code updates will be made to the current UnitedHealthcare 2019 Outpatient Procedure Grouper (OPG) mapping:

- Expired codes – 12 OPG 0-10 codes expired on Dec. 31, 2019. The codes will be deleted from the UnitedHealthcare OPG Exhibit on Jan. 1, 2020. An additional 10 OPG unlisted codes expired and will be deleted as well.

- Newly published codes – 29 OPG 0-10 codes will be added to the UnitedHealthcare OPG Exhibit on Jan. 1, 2020. An additional 35 OPG unlisted codes will be added as well.

There are no other grouper level assignment changes to existing codes.

For reimbursement under the OPG, UnitedHealthcare requires the appropriate line level CPT/Healthcare Common Procedure Coding System (HCPCS) code, in addition to the revenue code, when billing for outpatient procedures. The updated 2019 UnitedHealthcare OPG Exhibit is available at **UHCprovider.com/ claims** under the Outpatient Procedure Grouper Exhibits section.

UnitedHealthcare Commercial

UnitedHealthcare Commercial Reimbursement Policy Updates

We regularly make changes to policies as part of an ongoing effort to help improve health care quality and affordability for members while managing the appropriate use of certain services. The following chart shows new policy changes and their effective dates:

Policy	Effective Date	Summary of Change
New Policy: Emergency Department (ED) Professional Evaluation and Management (E/M) Policy	April 1, 2020	• As part of our continued efforts to reinforce accurate coding practices, UnitedHealthcare will implement a new policy effective April 1, 2020 that will focus on professional Emergency Department (ED) claims that are submitted with level 5 E/M code 99285. • In accordance with AMA guidelines Emergency Department E/M codes must meet or exceed all 3 key components of History, Exam and Medical Decision Making to qualify for a specific level of E/M service. Therefore, when only 2 of the 3 key components meet or exceed the requirement to qualify for a particular level of E/M service the third key component is utilized to select the appropriate level of E/M service. • In an effort to reduce the administrative burden of requesting and submitting medical records for review, UnitedHealthcare will begin using the Optum Evaluation and Management Professional (E/M Pro) tool which determines appropriate E/M professional coding levels based on data such as patient's age and conditions for the Medical Decision Making key component. UnitedHealthcare will presume the provider meets the requirements of the E/M code level they have submitted related to the History and Exam key components for the initial adjudication of the claim. • The E/M Pro tool accounts for diagnosis codes submitted on the claim and determines the appropriate level of complexity that correlates with the E/M professional service reimbursement. Since medical decision making and problem complexity is the primary driver, the E/M Pro tool calculates the appropriate E/M level based on submitted diagnosis codes. This will result in fair and appropriate reimbursement for ED services rendered. • Providers submitting professional claims for ED level 5 E/M code 99285 may experience adjustments to reflect an appropriate level E/M code or may receive a denial, based on the reimbursement structure within their agreements with UnitedHealthcare. • If you need further information, please contact your Network Representative or call Provider Services at **877-842-3210**.

UnitedHealthcare Commercial Reimbursement Policy Updates

Policy	Effective Date	Summary of Change
Procedure to Modifier Policy, Professional	April 1, 2020	• Effective with dates of service on or after April 1, 2020, 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 that they are 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.
Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction, Professional	To be announced	• Revisions to this policy, announced in the December 2019 Network Bulletin, have been placed on hold until further notice. • UnitedHealthcare will continue to align with CMS in applying reductions to therapeutic procedures with a Multiple Procedure Payment Reduction (MPPR) indicator 5, by ranking these procedures, based on Practice Expense Relative Value Units (PE RVU). • This will continue to occur using the current PE RVU on the date the claim is processed, and not be revised to use the PE RVU assigned on the date of service for ranking purposes.

Unless otherwise noted, these 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.

Prior Authorization Required for Continuous Glucose Monitoring for Members with Type 2 Diabetes

As we continue to work toward the Triple Aim of better care, better health and lower costs for UnitedHealthcare members, beginning April 1, 2020, UnitedHealthcare will require prior authorization for personal long-term continuous glucose monitors (CGM) used for the management of Type 2 intensive insulin using diabetics. This new prior authorization requirement applies to our UnitedHealthcare commercial members. The Durable Medical Equipment (DME) vendor that has received a physician order for a CGM is required to obtain prior authorization from UnitedHealthcare.

Effective April 1, 2020, this requirement will take effect for UnitedHealthcare Commercial members.

The following Durable Medical Equipment (DME) will require prior authorization:

- K0553 — Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories;
- K0554 — Receiver (monitor), dedicated, for use with therapeutic CGM system;
- A9276 — Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial CGM system;
- A9277 — Transmitter; external, for use with interstitial CGM system, and
- A9278 — Receiver (monitor); external, for use with interstitial CGM system
- A4226 — Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
- E0787 — External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing

On April 1, 2020, you can find the policy at UHCprovider.com/policies > Commercial Policies > **Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans**. Until then, you can find the policy, in the **UnitedHealthcare Commercial Medical Policy Update Bulletin: January 2020**.

UnitedHealthcare Commercial

GEHA, in Partnership with UnitedHealthcare, Is Offering New Benefit Plans to Federal Employees — Elevate and Elevate Plus

UnitedHealthcare, through a shared services administrative arrangement, is partnering with GEHA to provide access to UnitedHealthcare's nationwide Choice Plus network of providers. GEHA is one of the largest national health benefit providers for civilian federal employees.

GEHA (Government Employees Health Association) has been selected by the U. S. Office of Personnel Management (OPM) as the exclusive carrier for two new Federal Employee Health Benefit (FEHB) plans under the Indemnity Benefit Plan (IBP) contract.

GEHA's new plans, Elevate and Elevate Plus, are designed to be modern alternatives to traditional benefit plans, meeting the changing needs and expectations of patients. Federal employees who choose these plans will receive a care delivery model featuring innovative tools and programs that help GEHA members be healthy. Federal employees can select the plan that provides the best value based on their needs.

These benefit plans were rolled out for the 2020 plan year to federal employees during the annual benefits selection process in 2019. UnitedHealthcare Clinical Services and Optum provide inpatient medical and mental health utilization management (e.g., notification, initial determination and inpatient care management).

Check the back of the member's ID card for contact information. For eligibility, summary of benefits, precertification requirements and claim status, call the provider dedicated self-service line at 844-586-7309 or visit **uhss.umr.com**.

UnitedHealthcare Shared Services Updates for GEHA

Through a shared services administrative arrangement, UnitedHealthcare provides access to UnitedHealthcare's networks of providers to Government Employees Health Association (GEHA) members in the 32 states of: Alabama, Arkansas, Colorado, Washington D.C., Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Mississippi, Missouri, Montana, Minnesota, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming.

Beginning Jan. 1, 2020, GEHA members in Florida will be able to access the Choice Plus network of providers.

For GEHA members in Texas and Florida who use the Choice Plus network of providers, UnitedHealthcare Clinical Services and Optum provide inpatient medical and mental health utilization management (e.g., notification, initial determination, inpatient care management and appeals).

For GEHA members using the Options PPO network contracts, Conifer Health Solutions provides inpatient medical and mental health utilization management. UnitedHealthcare has delegated these inpatient Utilization Management Services for this Options PPO membership (e.g., notification, initial determination, inpatient care management and appeals) to Conifer Health Solutions. Conifer Health Solutions uses Milliman Care Guidelines® and is URAC-accredited in health utilization management.

Check the back of the member's ID card for contact information. For eligibility, summary of benefits, precertification requirements and claim status, call the provider dedicated self-service line at 877-343-1887 or visit **uhss.umr.com**.

Out-of-Network Laboratory Referral Protocol Reminder

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're 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've made an informed decision to receive services from an out-of-network lab despite the potential increased out-of-pocket costs associated with that decision.
- UnitedHealthcare approval to refer the member to use an out-of-network lab for that member's lab service for that date of service.

As of Nov. 8, 2019, UnitedHealthcare requires an online process to satisfy the exception requirements before referring UnitedHealthcare commercial plan members to out-of-network labs 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.

To learn about requesting IDs and view the consent form required for all non-participating referrals, visit **UHCprovider.com** and view the Prepping for Out of Network Laboratory Referral Protocol.

Your UnitedHealthcare Participation Agreement requires that when you refer members to other care providers, you refer them to UnitedHealthcare in-network care providers, unless an exception applies. If an exception applies, you'll need to follow our online process to demonstrate that before referring UnitedHealthcare commercial plan members to out-of-network labs for testing services.

For more information and for the latest updates on out-of-network laboratory referral protocols for 2020, visit **UHCprovider.com**.

Shared Capitation Payment Arrangement in Select Markets Starts April 1, 2020

Currently in select markets, Laboratory Corporation of America is the sole laboratory services provider with a capitation agreement. Beginning April 1, 2020, UnitedHealthcare will launch a shared capitation agreement between Laboratory Corporation of America and Quest Diagnostics.

The impacted products are MDIPA /OCI (Mid-Atlantic and Northeast) and Medica/PCP (South Florida).

UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

First Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. ❯

UnitedHealthcare Community Plan Reimbursement Policy ❯

UnitedHealthcare Community Plan

First Quarter 2020 Preferred Drug List Update

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

Not all medications will be added, modified or deleted in each state, so check the state's PDL for a state-specific list of preferred drugs. You may also view the changes at **UHCprovider.com/plans** > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.

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

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

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

Changes will be effective Jan. 1, 2020, for Arizona, California, Hawaii, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New York, Ohio, Pennsylvania, Rhode Island and Virginia.

These changes do not apply to UnitedHealthcare Community Plan in Florida, Iowa, Kansas, Louisiana, Texas and Washington.

Changes take effect Jan. 1, 2020:

PDL Additions

Brand Name	Generic Name	Comments
Balversa™	Erdafitinib tablet	Indicated for the treatment of urothelial carcinoma. Prior authorization required. Available through specialty pharmacy.
Dovato®	Dolutegravir/ lamivudine tablet	Indicated as a complete regimen for the treatment of HIV. Diagnosis required.
Emgality® 100mg/mL	Galcanezumab-gnlm prefilled syringe	Indicated for the treatment of episodic cluster headaches. Prior authorization required.
Mayzent®	Siponimod fumarate tablet	Indicated for the treatment of relapsing forms of multiple sclerosis. Prior authorization required. Available through specialty pharmacy.

UnitedHealthcare Community Plan

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First Quarter 2020 Preferred Drug List Update

Brand Name	Generic Name	Comments
Piqray®	Alpelisib tablet	Indicated for the treatment of breast cancer. Prior authorization required. Available through specialty pharmacy.
Pregnyl®**	Chorionic gonadotropin injection	Indicated for the treatment of infertility. Prior authorization required. Available through specialty pharmacy.
Ruzurgi®	Amifampridine tablet	Indicated for the treatment of Lambert-Eaton myasthenic syndrome. Prior authorization required. Available through specialty pharmacy.
Vyndamax™	Tafamidis capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.
Vyndaqel®	Tafamidis meglumine capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.

** These changes are limited to New York EPP only, where infertility is a covered pharmacy benefit.

PDL Modifications

Brand Name	Generic Name	Comments
Albenza®*	Albendazole tablet	Indicated for the treatment of various parasitic worm infections. Remove prior authorization. Diagnosis required.
Alinia®	Nitazoxanide tablet	Remove prior authorization for cryptosporidiosis only. Diagnosis required. Diagnosis of giardiasis will continue to require a prior authorization, including a step through metronidazole.
Benznidazole	Benznidazole tablet	Indicated for the treatment of Chagas disease. Remove prior authorization. Diagnosis required.
Lysteda®*	Tranexamic acid tablet	Indicated for the treatment of cyclic heavy menstrual bleeding. Remove prior authorization. Diagnosis required.
N/A	Buprenorphine/ naloxone sublingual tablet	Indicated for the treatment of substance use disorder. Remove prior authorization. Diagnosis required.
Suboxone® 2/0.5mg and 8/2mg	Buprenorphine/ naloxone sublingual film	Indicated for the treatment of substance use disorder. Remove prior authorization. Diagnosis required.

* Only generics are preferred

UnitedHealthcare Community Plan

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First Quarter 2020 Preferred Drug List Update

Removed from PDL

Brand Name	Generic Name	Comments
Apriso®	Mesalamine extended-release capsule	Mesalamine delayed-release capsule (generic Delzicol®) is an alternate option. Current users will be grandfathered.
Breo Ellipta	Fluticasone furoate/ vilanterol inhalation	Current users who haven't tried preferred alternatives will be required to transition to generic AirDuo RespiClick® (fluticasone/salmeterol), generic Advair Diskus (fluticasone/salmeterol), or Wixela Inhub (generic Advair Diskus).
Cetrotide®**	Cetrorelix acetate injection	Ganirelix acetate (manufactured by Merck) is an alternate option. Current users will be grandfathered through the duration of their existing authorization.
Dipentum®	Olsalazine capsule	Mesalamine delayed-release capsule (generic Delzicol®) is an alternate option. Current users will be grandfathered.
Emcyt®	Estramustine capsule	Various other options exist for the treatment of prostate cancer. Current users will not be grandfathered.
Ganirelix acetate (manufactured by Ferring)**	Ganirelix acetate injection	Ganirelix acetate (manufactured by Merck) is an alternate option. Current users will be grandfathered through the duration of their existing authorization.
Gonal-F and Gonal-F RFF**	Follitropin alfa injection	Follistim® AQ is an alternate option. Current users will be grandfathered through the duration of their existing authorization.
Humalog®	Insulin lispro vial and pen	Current users who have not tried preferred alternatives will be required to transition to the generic insulin lispro vials and pens or Admelog® (insulin lispro) vials and pens.
N/A	Flurazepam capsule	Temazepam, zolpidem, and zaleplon are alternate options. Current users will not be grandfathered.
N/A	Meperidine tablet and oral solution	Hydromorphone, morphine, and oxycodone are alternate options. Current users will not be grandfathered.
N/A	Metaproterenol syrup	Albuterol sulfate inhaler and nebulizer are alternate options. Current users will not be grandfathered.

UnitedHealthcare Community Plan

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First Quarter 2020 Preferred Drug List Update

Brand Name	Generic Name	Comments
N/A	Nicardipine capsule	Amlodipine and felodipine are alternate options. Current users will not be grandfathered.
N/A	Propantheline tablet	Hyoscyamine tablet is an alternate option. Current users will not be grandfathered.
N/A	Terbutaline tablet	Albuterol sulfate inhaler and nebulizer are alternate options. Current users will not be grandfathered.
Ovidrel®**	Choriogonadotropin alfa injection	Novarel® and Pregnyl® are alternate options. Current users will be grandfathered through the duration of their existing authorization.
Ridaura®	Auranofin capsule	Methotrexate, leflunomide, and sulfasalazine are alternate options. Current users will not be grandfathered.

** These changes are limited to New York EPP only, where infertility is a covered pharmacy benefit

Contact Us

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

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.

UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

Help Prevent Health Care Fraud and Abuse

You can help prevent fraud and abuse by sharing information about health care fraud schemes with patients. ❯

Claims Processing Update

We're requesting more information when UnitedHealthcare Medicare Advantage is not the primary payer. ❯

UnitedHealthcare Medicare Advantage

Help Prevent Health Care Fraud and Abuse

Fraud schemes from unsolicited phone calls or door-to-door solicitors have become more common in recent years. Callers or salespersons misrepresent themselves, attempting to obtain insurance identification or other personal information from your patients. They're persistent and may even use intimidation and scare tactics. Elderly and vulnerable populations are being targeted for many of these schemes.

You can help prevent fraud and abuse by sharing information about these schemes with patients:

Tell Patients about Common Tactics Scammers Use

- The callers claim to be:
  - From Medicare
  - A health care representative
  - A government representative
  - A health insurance counselor
- Remind them that **Medicare does <u>not</u> make unsolicited phone calls**
- Encourage patients to register their number on the federal "Do Not Call" list by calling **888-382-1222** from the phone number they wish to register or they can visit **donotcall.gov**.
- Door-to-door solicitors or solicitors at public events:
  - Watch out for DNA kit scams (scammers offering to do cheek swabs for genetic testing)
  - Patients should not accept a kit unless you ordered it
  - You should approve any request for genetic testing or medical item that you deem necessary for your patient
  - Avoid solicitors offering gifts, gift cards, phones, cash, etc. in exchange for your personal information
- TV commercials advertising 'free', 'low cost' or 'no cost' health care items

Remind your patients to be vigilant with their personal information

- Don't share personal information
- Use caller ID and avoid answering calls from numbers you don't know
- If you answer a call from a solicitor, ask callers who they are, where they are calling from and why they are calling
- Contact your phone carrier to request a block on automated and telemarketing calls

UnitedHealthcare Medicare Advantage

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Help Prevent Health Care Fraud and Abuse

Encourage your patients to report potential fraud

- Call the telephone number on the back of your health insurance ID card

- Call 800-MEDICARE to report suspicious incidents

- Report callers to the **Federal Trade Commission** at **877-382-4357** or go online to **consumer.ftc.gov**

What Else Can You Do?

- Recognize faxes or orders for equipment, medical items or services that you did <u>not</u> order or provide for your patient. If you didn't order these, don't sign or authorize.

- Report potential fraud, waste and abuse to UnitedHealthcare online at **uhc.com/fraud** or by calling **844-359-7736**.

For more information, visit **cms.gov/newsroom/press-releases/continue-guard-your-card** or **oig.hhs.gov/fraud/consumer-alerts/alerts/geneticscam.asp**.

UnitedHealthcare Medicare Advantage

Claims Processing Update

We're requesting more information when UnitedHealthcare Medicare Advantage is not the primary payer.

We want you to know about this change beginning April 1, 2020, in case you notice a difference in how we process claims for:

- UnitedHealthcare Medicare Advantage members receiving care related to an accident when the automobile insurance is the primary payer for the health care services rendered.

Effective April 1, 2020, we're requiring that certain information showing that a claim was submitted to the primary payer (automobile insurance carrier) is included with any claims that are submitted to UnitedHealthcare.

If our records show that there is a primary payer and your claim to UnitedHealthcare doesn't include that information, we'll reach out and ask you for documentation. If we don't receive the additional information within 60 calendar days from the receipt of the original claim, we'll deny your claim.

Why We're Making This Change

- We're making this change to align with the Centers for Medicare & Medicaid Services (CMS) guidelines.

- This will also reduce our retrospective recoveries of benefits paid (**subrogation**) when the automobile insurance is the primary payer for the services rendered.

What You Need To Do Starting April 1, 2020

- Include proof of submission to the primary payer. This proof can include:

  – An explanation of payment or denial from the primary payer

  – Other proof an attempt was made to bill the primary payer but payment wasn't made in a timely manner

  – Proof that the member's benefits from the primary payer have been exhausted

- For more information on COB Electronic Claim Requirements, visit **UHCprovider.com/edi** > **EDI Quick Tips for Claims** > Secondary/COB or Tertiary Claims.

- For more information on what to do if you disagree with a claim denial, visit **UHCprovider.com/guides** > Administrative Guide for Commercial, Medicare Advantage and DSNP > **Chapter 9: Our Claims Process** > Claim Reconsideration, Appeals Process and Resolving Disputes.
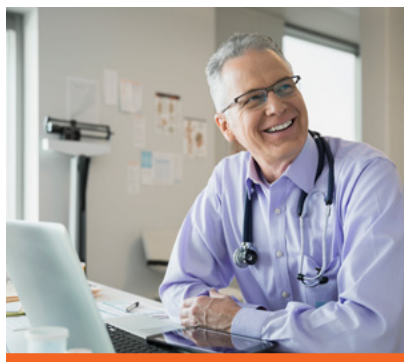
We're Here to Help

- If you have questions, please call us at **877-842-3210**, Monday – Friday, 7 a.m. – 7 p.m. Eastern Time.

UnitedHealthcare Affiliates

Learn about updates with our company partners.

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

Effective April 1, 2020, UnitedHealthcare will expand the existing prior authorization/notification for genetic and molecular testing performed in an outpatient setting to Oxford members. ❯

New UnitedHealthcare Oxford Commercial Plan Member ID Cards

Some UnitedHealthcare Oxford commercial members are receiving new member ID cards as part of our continued effort to streamline the administrative experience. ❯

UnitedHealthcare Affiliates

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

Effective April 1, 2020, UnitedHealthcare will expand the existing prior authorization/notification for genetic and molecular testing performed in an outpatient setting to Oxford members. BRCA prior authorization requirements will not change with this expansion.

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

The following will require notification/prior authorization:

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

CPT codes included:

0001U	0081U	0004M	81545
0012U – 0014U	0084U	0006M – 0007M	81552
0016U – 0019U	0087U – 0091U	0011M – 0013M	81595 – 81599
0022U – 0023U	0094U	81105 – 81111	87480 – 87482
0026U – 0034U	0097U – 0100U	81120 – 81121	87505 – 87507
0036U – 0037U	0101U – 0103U	81161 – 81210	87510 – 87512
0040U	0111U	81212	87623
0045U – 0050U	0113U	81215 – 81420	87652
0055U – 0057U	0115U	81425 – 81479	87660 – 87661
0060U	0118U	81507	87797 – 87801
0068U – 0076U	0129U – 0138U	81518 – 81522	S3870
0078U	0152U – 0162U	81542	

For More Information

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

New UnitedHealthcare Oxford Commercial Plan Member ID Cards

As part of our efforts to streamline the administrative experience for UnitedHealthcare Oxford commercial plans, we're providing members with new member ID cards that show:

- A new **11-digit** ID number
- A **numeric-only** Group number
- **UHCprovider.com** on the back of the card

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.

Learn More

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

State News

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

Appointment Standards for the State of Connecticut

These standards are in place to help ensure members get the care they need, when they need it. ❯

Reimbursement for Maternity Services in New Jersey

New Jersey licensed obstetrical providers can elect to receive reimbursement for maternity services either globally or in installments. ❯

Appointment Standards for the State of Maryland

To help ensure our plan members have timely access to care, the State of Maryland requires carriers' compliance with appointment standards. ❯

Appointment Standards for the State of Connecticut

Connecticut Appointment Standards

As a UnitedHealthcare network care provider, you play an essential role in helping ensure our members have appropriate access to primary, urgent, preventive and specialty care. Please review the following standards for appointment access and after-hours care, which are aligned with the state of Connecticut's access requirements. These standards are in place to help ensure members get the care they need, when they need it.

Appointment Access Standards

The state of Connecticut requires compliance with the following appointment standards.

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

After-Hours Care Standards

If a member calls your office after hours, state law requires that you, your answering service or a recording provide emergency instructions.

When callers contact your office with an emergency, your office personnel, answering service or a recording must instruct callers to do one of the following:

- Hang up and dial 911, or its local equivalent.
- Go to the nearest emergency room.

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Appointment Standards for the State of Connecticut

When it's not an emergency, but the caller can't wait until the next business day, your office personnel, answering service or a recording must advise them to do one of the following:

- Go to a network urgent care center.
- Stay on the line to connect to the physician on call.
- Leave a name and number with your answering service (if applicable) for a physician or qualified health care professional to call back within required time frames.
- Call an alternative phone or pager number to contact you or the physician on call.

UnitedHealthcare Standards

You can find information about our standards for appointment access and after-hours care in our UnitedHealthcare Care Provider Administrative Guide located at **UHCprovider.com/guides** > **Administrative Guide for Commercial, Medicare Advantage and DSNP**.

Questions

If you have questions, please email Provider Relations at **connecticut_pr_team_mailbox@uhc.com**.

Reimbursement for Maternity Services in New Jersey

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

If you'd like to receive your payments for maternity services in installments, complete and return the Maternity Installment Payments Election Form at UHCprovider.com/NJcommunityplan > **Provider Forms and References** by Jan. 31, 2020.

If you don't want to change your current reimbursement arrangement, no action is required.

State News

Appointment Standards for the State of Maryland

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

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

✉ | If you have questions, contact Provider Relations at **md_dc_provider_relations@uhc.com**.