

JUNE 2018

network bulletin

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

Enter



UnitedHealthcare respects the expertise of the physicians, health care professionals and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Network Bulletin was developed to share important updates regarding UnitedHealthcare procedure and policy changes, as well as other useful administrative and clinical information.

Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.



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All UnitedHealthcareOnline.com tools will soon be available on Link, allowing us to retire UnitedHealthcareOnline.com and the UnitedHealthcare Online app. >



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Recent enhancements to UHCprovider.com have made it easier to find the UnitedHealthcare policies and protocols you need. For example, a new tile was added to the home page, allowing you to access the *Policies and Protocols* library with just one click. >

[UnitedHealth Premium® Program Has a New Home](#)

In July 2018, we'll launch our new website, **UnitedHealthPremium.UHC.com**. You'll find features like Premium program methodology materials organized by subject and a communication center for all your program emails and notifications. >

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We're continuously making improvements to Link apps to better support your needs. For example, the new referralLink app will replace the referralLink Limited Use and UnitedHealthcare Eligibility & Benefits apps on Link. We're also retiring the Referral Submission and Referral Status transactions on UnitedHealthcareOnline.com. >



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[Optum Outreach Helps to Eliminate Coding Confusion](#)

During Optum's chart review process, Optum may note ambiguities in a medical record that indicate the need for additional coding clarification. On June 1, 2018, Optum will begin outreach to care providers on this issue. A form is being sent to care providers that describes the ambiguity and seeks clarification specific to a member, date of service (DOS) and condition. >

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

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

[Addition to National Drug Code Requirement Policy](#)

For claims with a date of service on or after Sept. 1, 2018, there will be an addition to the National Drug Code (NDC) Requirement reimbursement policy to include drug-related codes submitted on the CMS-UB04 and Electronic Data Interface (EDI) transaction 837i. Outpatient claims submitted for reimbursement for drug-related Healthcare Common Procedure Coding System (HCPCS) and CPT codes for UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage members must include the NDC number, quantity and the unit of measure. >

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

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

[Reminder: Denosumab \(HCPCS code J0897\) Requires Prior Authorization](#)

On June 1, 2018, we'll begin requiring prior authorization for Denosumab (HCPCS code J0897: SC injection, denosumab, 1 mg) for members with a cancer diagnosis who are insured by UnitedHealthcare commercial plans, UnitedHealthcare Oxford and some UnitedHealthcare Community Plans. This change will affect UnitedHealthcare Community Plans in Arizona, Florida, Maryland, Michigan, Mississippi, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Washington and Wisconsin. >

[Prescription Drug List Updates](#)

The July 1, 2018 Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans are now available at [UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy](#). >



Front & Center

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[Reminder on Special Needs Plan Model of Care Training](#)

The Centers for Medicare & Medicaid Services (CMS) requires all care providers who treat patients in a Special Needs Plan (SNP) to complete annual SNP Model of Care (MOC) training. UnitedHealthcare offers the 2018 SNP MOC training as a pre-recorded session that takes about 15 minutes to complete. Please complete this year's training by Oct. 1, 2018. >

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

Changes in advance notification and prior authorization requirements are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs. >

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

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Reminder on Clinical Laboratory Improvement Amendments Identification Requirements Policy

UnitedHealthcare has implemented a reimbursement policy that applies to all laboratory services to align with Centers for Medicare & Medicaid Services (CMS) and Clinical Laboratory Improvement Amendments (CLIA) requirements. The effective date for the policy was Nov. 1, 2016 for participating providers and Aug. 1, 2016 for non-participating providers. The reimbursement policy applies to UnitedHealthcare commercial and Medicare Advantage members claims submitted on either a CMS 1500 claim form or HIPAA 5010 837 P claim file.

The policy requires that all claims for laboratory services include the CLIA number for the servicing care provider. The lab servicing provider's physical address also will be required if the address differs from the billing provider's address noted on the claim. The billing or servicing provider's address must match the address associated with the CLIA ID number. CLIA regulatory requirements vary by the kind of test each laboratory conducts. Tests are categorized as waived, moderate complexity or high complexity. CLIA requires all lab testing sites to have one of the following certificates to legally perform clinical laboratory testing.

Types of CLIA Certificates:

- Certificate of Waiver
- Certificate of Registration
- Certificate of Accreditation
- Certificate for Physician-Performed Microscopy
- Certificate of Compliance

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



For more information on CLIA requirements and test complexity categories, go to CLIA website at cms.hhs.gov/clia/.

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UnitedHealthcareOnline.com Will Be Retired Soon

All UnitedHealthcareOnline.com tools will soon be available on Link,* allowing us to retire UnitedHealthcareOnline.com and the UnitedHealthcare Online app.

Link self-service tools are the best way to do business with us because they are faster and more efficient than calling or faxing. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. The apps you need are right on your dashboard.

Updating Your Bookmarks

Your UnitedHealthcareOnline.com bookmarks will continue working for the next few weeks. The web pages will also have links to the corresponding pages on UHCprovider.com. Before UnitedHealthcareOnline.com retires, we suggest you create new bookmarks to UHCprovider.com. Once UnitedHealthcareOnline.com retires, bookmarks will redirect to the UHCprovider.com home page.



To learn more about Link, go to UHCprovider.com/Link. If you need help, call the UnitedHealthcare Connectivity Helpdesk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

* The Patient Personal Health Record is being retired rather than moved to Link.

Quick Access to Policies and Protocols on UHCprovider.com

Recent enhancements to UHCprovider.com have made it easier to find the UnitedHealthcare policies and protocols you need:

- A new tile was added to the home page, near the top of the page, allowing you to access the *Policies and Protocols* library with just one click.
- A filter feature within each policy index is now available to help in your searches. Just click *Refine Results*, start typing your search term and only those policies with matching text will appear in the list.

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UnitedHealth Premium[®] Program Has a New Home

Say hello to the new Premium program online experience! In July 2018, we'll launch our new website, UnitedHealthPremium.UHC.com. Here you'll find:

- Premium program methodology materials organized by subject
- A communication center for all your program emails and notifications (once you log in with your Optum ID)
- Your Version 11 designation, evaluation results and access to your designation details (once you validate your personal ID number),

Registration instructions for the new site will be in your evaluation letter. You'll need an Optum ID to validate your account. All Premium program communications will be sent to your Optum ID email. If you have questions, please contact the Health Care Measurement Resource Center at 866-270-5588.

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Link Self-Service Updates and Enhancements

Link is your online self-service tool that is [faster than calling](#). We're continuously making improvements to Link apps to better support your needs. Here are some recent and upcoming enhancements:

- **Coming soon: New referralLink App For All Benefit Plans**

Soon you can use a new referralLink app on Link for all benefit plans* that require referrals. The new app will replace the referralLink Limited Use and UnitedHealthcare Eligibility & Benefits apps on Link. We're also retiring the Referral Submission and Referral Status transactions on UnitedHealthcareOnline.com.

Starting in Mid-June:

- eligibilityLink will connect to the new referralLink app
- UnitedHealthcareOnline.com will give you the option to try out the new referralLink app
- After June 25, you can access referrals from eligibilityLink or the referralLink app.

To learn more, we encourage you to attend an upcoming 30-minute referralLink training webinar. Click a link to register for your choice of day and time:

- [Tuesday, June 12, 3 p.m. Eastern Time](#)
- [Wednesday, June 13, 1 p.m. Eastern Time](#)
- [Thursday, June 14, 2 p.m. Eastern Time](#)

*UnitedHealthcare Oxford will be added later this year.

- **Original Link Apps to be Retired**

Claim Reconsideration, Claims Management and

UnitedHealthcare Eligibility & Benefits will be removed from dashboards soon because they have been replaced by claimsLink and eligibilityLink.

- **Additional Letters in Document Vault**

Letters for Medicare claims will soon be available in Document Vault. Clinical letters will be added soon as well. The Paperless Delivery Options app allows Password Owners turn off mail delivery of letters available in Document Vault.

- **Claim Submission App is Coming to Link**

Claim Submission is moving to Link. The Claim Submission app will allow you to submit claims for UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage, UnitedHealthcare Community Plan, UnitedHealthcare Oxford and UnitedHealthcare West. You'll be able to key in professional claims, including National Drug Codes (NDC) claims, at no charge. Future enhancements will include real time adjudication and attachment capability.

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Link Self-Service Updates and Enhancements

- **My Profile Will Become Manage My Account on Link**

The My Profile function on UnitedHealthcareOnline.com will become the Manage My Account app on Link. This is where you'll view or update your personal user information. [Learn more.](#)

- **Performance Based Compensation Program Reports Moved to Document Vault**

Reports for the [Physician](#) and [Hospital](#) Performance Based Compensation Programs have moved from UnitedHealthcareOnline.com to [Document Vault](#) on Link. To access the reports, sign in to Link and open Document Vault (the padlock icon) at the top of your Link dashboard. In Document Vault, click on either the Physician Performance and Reporting or Hospital Perf-Based Comp button.

- **UnitedHealthOne to be Removed from UnitedHealthcareOnline.com**

Accessing the UnitedHealthOne website from the UnitedHealthOne app on your Link dashboard requires additional sign in. If you need a username and password for the website, click Register Now on the right side of the UnitedHealthOne home page. When you look up a UnitedHealthOne member in eligibilityLink or claimsLink you'll be directed to the UnitedHealthOne website without additional sign in.

Getting Started

An Optum ID is required to access Link and perform online transactions, such as eligibility verification, claims status, claims reconsideration, referrals and prior authorizations. To get an Optum ID, go to UHCprovider.com and click on [New User](#) to register for Link access.



For help with Link, call the UnitedHealthcare Connectivity Helpdesk at **866-842-3278**, option 1, Monday through Friday, 7 a.m. to 9 p.m. Central Time.

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Optum Outreach Helps to Eliminate Coding Confusion

During Optum's Chart Review process, Optum may need additional coding clarification when reviewing a medical record. Optum requests that the care provider review, interpret and clarify the documentation for that encounter to allow for accurate code assignment.

On June 1, 2018, Optum will begin outreach to care providers. A form is being sent to care providers that seeks the clarification needed specific to a member, date of service (DOS) and condition. The care provider may choose to amend the medical record by clarifying as prompted by the provider query form. If the form is returned, the member's record is coded again to determine if the additional information submitted by the care provider gives sufficient clarification to the ambiguous diagnosis code.



For more information, please contact your provider advocate or the provider call center at **877-842-3210**.

Tell Us What You Think of Our Communications

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

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Addition to National Drug Code Requirement Policy

For claims with a date of service on or after Sept. 1, 2018, there will be an addition to the National Drug Code (NDC) Requirement reimbursement policy to include drug-related codes submitted on the CMS-UB04 and Electronic Data Interface (EDI) transaction 837i. Outpatient claims submitted for reimbursement for drug-related Healthcare Common Procedure Coding System (HCPCS) and CPT codes for UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage members must include the NDC number, quantity and the unit of measure. If the required NDC information is not included, the claim may be denied and you will be notified through a Provider Remittance Advice (PRA) to resubmit the claim with the NDC information.

For UnitedHealthcare commercial claims, this requirement will apply to claims submitted on CMS 1500, 837p, CMS-UB04 and 837i claim forms for drug-related HCPCS/CPT codes. The policy will no longer require the NDC information for child and adult immunization drug codes.

For UnitedHealthcare Medicare Advantage claims, this change will only apply to outpatient facility UB04 claims submitting unlisted drug-related HCPCS/CPT codes. The current policy requiring the NDC information for drug-related HCPCS/CPT codes submitted on the CMS 1500 and 837p will remain in effect. The policy will no longer require the NDC information for child and adult immunization drug codes.

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial. Go to UHCprovider.com/pharmacy.

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Reminder: Denosumab (HCPCS code J0897) Requires Prior Authorization

On June 1, 2018, we'll begin requiring prior authorization for Denosumab (HCPCS code J0897: SC injection, denosumab, 1 mg) for members with a cancer diagnosis who are insured by UnitedHealthcare commercial plans, UnitedHealthcare Oxford and some UnitedHealthcare Community Plans. This change will affect UnitedHealthcare Community Plans in Arizona, Florida, Maryland, Michigan, Mississippi, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Washington and Wisconsin.

Requests for denosumab (Brand names Xgeva and Prolia) will be reviewed by clinical staff using the clinical criteria outlined in our Denosumab Medical Benefit Drug Policy. This policy is now available online at UHCprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/denosumab-prolia-xgeva.pdf.

Please note: If the member received denosumab in an outpatient setting from March 1, 2018 through May 31, 2018, you DON'T need to submit a prior authorization request. The prior authorization to cover denosumab the member was receiving prior to June 1, 2018 will be effective until May 31, 2019.

How to Submit Prior Authorization

To submit an online notification request for denosumab, go to UHCprovider.com.

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com. Use your Optum ID and select the Prior Authorization and Notification app.)
- If you don't have an Optum ID, click the New User button in the top right corner of UHCprovider.com



Please complete all notifications online. If you have questions or need assistance with your online request, call **866-889-8054**, 7 a.m. to 7 p.m. (local time), Monday through Friday. For additional information, please visit UHCprovider.com > Prior Authorization and Notification > Oncology > Prior Authorization for Chemotherapy, Colony Stimulating Factors and Denosumab.

Prescription Drug List Updates

The July 1, 2018 Prescription Drug List and pharmacy benefit updates for UnitedHealthcare commercial plans are now available at UHCprovider.com > Menu > Resource Library > [Drug Lists and Pharmacy](#).

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Reminder on Special Needs Plan Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires all care providers who treat patients in a Special Needs Plan (SNP) to complete annual Model of Care (MOC) training. SNPs are a type of Medicare Advantage plan that operates under CMS' MOC structure to help ensure that the unique health care needs of each SNP member are identified, met and measured. A SNP provides targeted care, improved care coordination and continuity of care to members with special needs.

The Centers for Medicare & Medicaid Services (CMS) requires all care providers who treat patients in a Special Needs Plan (SNP) to complete annual Model of Care (MOC) training. SNPs are a type of Medicare Advantage plan that operates under CMS' MOC structure to help ensure that the unique health care needs of each SNP member are identified, met and measured. A SNP provides targeted care, improved care coordination and continuity of care to members with special needs.

The training includes information about the different types of SNPs tailored to individual needs.

If you see UnitedHealthcare members who have benefits under Medicare or Medicaid or both, you are probably a SNP care provider.

UnitedHealthcare offers the 2018 SNP MOC training as a pre-recorded session that takes about 15 minutes to complete.

Please complete this year's training by Oct. 1, 2018:

- If you do not have an Optum ID, you may register for one at UHCprovider.com. Click on New User and follow the directions listed there. Please allow 24-48 hours for your new Optum ID to give you access. If you experience a problem with registration, please contact your security administrator.
- Once registered with your Optum ID, you may access UHCprovider.com/en/resource-library/training.html or UHCprovider.com > Menu > Resource Library > Training > 2018 Special Needs Plan Model of Care Training Special Needs > UHC on Air (bit.ly/SNPMOC18).
- Enter your Optum ID and the session will begin.



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

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Changes in Advance Notification and Prior Authorization Requirements

Code Removals from Existing Prior Authorization Categories

Changes in advance notification and prior authorization requirements are part of UnitedHealthcare’s ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs.

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

For dates of service on or after **July 1, 2018**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plans (Medicaid)**. Please note the “Removed from Prior Authorization EXCEPT for the Following States/Plans” column for products that do not apply to this prior authorization reduction:

Category	Durable Medical Equipment	Removed from Prior Authorization EXCEPT for the Following States/Plans
Codes	E0638	AZ (excluding LTC plan), MI, NY, TX
	E0641	AZ (excluding LTC plan), MI, NY, TX
	E0642	AZ (excluding LTC plan), MI, NY, TX
	E8001	AZ (excluding LTC plan), MI, MS, TX

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Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **July 1, 2018**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of California (Medicaid):***

Category	Codes
Outpatient Therapy	G0129, S9152, S8890

For dates of service on or after **July 1, 2018**, the following code will NOT be reimbursed by **UnitedHealthcare Community Plan of California (Medicaid).*** This medication is reimbursed by the state’s Medicaid Fee-For-Service program and claims should be submitted directly to them.

Category	Codes
Injectable Medications	J0570

For dates of service on or after **July 1, 2018**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Florida (Medicaid):***

Category	Codes
Home Health Care	G0299, G0300
Hospice	T2042, T2043, T2044, T2045
Outpatient Therapy	97124

For dates of service on or after **July 1, 2018**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Nebraska (Medicaid):***

Category	Codes
Durable Medical Equipment > \$750	A9279, E0460, E0782, E0783, E0786, E1036, E1085, E1086, E1089, E1090 E1130, E1140, E1250, E1260, E1285 E1290, E2626, E2627, E2628, E2629 E2630, K0899, T1999, T5999, V2786 V5281, V5282, V5283, V5286, V5287 V5288, V5290
External Servcies	B4102, B4103, B4104
Orthotics/Prosthetics > \$750	L0624, L0632, L5420, L5460 L5973, L6715, L6880, L7007, L7008 L7009, L8609, L8610, L8612, L8631 L8659, V2623, V2627

*These codes may have been removed from prior authorization requirements prior to the removal from the Prior Authorization/Notification lists available online based on state guidelines. Care providers do not need to contact UnitedHealthcare as we are proactively adjusting claims; no action is required by the care provider.

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Changes in Advance Notification and Prior Authorization Requirements

Beginning **July 1, 2018**, certain codes under the following categories will no longer require prior authorization for **Neighborhood Health Partnership** and **UnitedHealthcare of the River Valley**. The updated prior authorization requirements will be available in the Prior Authorization lists posted to UHCprovider.com in late June 2018. **These categories are not being removed, only specific codes within them:**

- Bone growth stimulator
- Durable medical equipment
- Gender dysphoria treatment with diagnosis
- Home health care
- Hysterectomy – inpatient only
- Orthotics/Prosthetics
- Potentially unproven
- Some hysterectomy codes will only require prior authorization when billed with gender dysphoria treatment diagnosis codes

For dates of service on or after **July 1, 2018**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Maryland (Medicaid):***

Category	Codes
Hearing Aid and Services	V5170, V5180, V5210-V5230, V5250, V5254-V5261, V5299
Cochlear Implant & Other Auditory Implants	L8614, L8619, L8690, L8692

The most up-to-date Prior Authorization/Notification lists are available online:

- UnitedHealthcare Medicare and UnitedHealthcare commercial plans – UHCprovider.com/priorauth > [Advance Notification and Plan Requirement Resources > Plan Requirement Resources](#)
- UnitedHealthcare Community Plan – UHCCommunityPlan.com > For Health Care Professionals > Select your state.

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UnitedHealthcare Dental Clinical Policy & Coverage Guideline Updates

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

Policy Title	Policy Type	Effective Date
TAKE NOTE		
Quick Access to Policies on UHCprovider.com		
UPDATED/REVISED		
Fixed Prosthodontics	Coverage Guideline	May 1, 2018
General Anesthesia and Conscious Sedation Services	Coverage Guideline	June 1, 2018
Non-Surgical Extractions	Coverage Guideline	May 1, 2018
Removable Prosthodontics	Coverage Guideline	May 1, 2018
Topical Fluoride Treatment	Clinical Policy	May 1, 2018

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



UnitedHealthcare Commercial

Learn about program revisions and requirement updates.

[OptumRx Home Delivery Pharmacy Promotes Safety with New Opioid Dispensing Limits](#)

As the newest component of our ongoing efforts to combat the opioid epidemic, OptumRx Home Delivery, a dispensing pharmacy for UnitedHealthcare members, is introducing a new operational standard – the first of its kind in the home delivery market. Starting July 1, 2018, OptumRx Home Delivery Pharmacy will limit dispensing of opioid prescriptions to a 30-day supply at one time for UnitedHealthcare commercial members. >



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

Beginning July 1, 2018, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members. >

[Risk Adjustment Data Validation \(RADV\) Audit Program](#)

In compliance with the Risk Adjustment Data Validation (RADV) audit program under the Affordable Care Act (ACA), we are required by the U.S. Department of Health and Human Services (HHS) to provide supporting medical documentation to be used for the annual medical claims review audit for UnitedHealthcare commercial members. To comply with HHS, we will be requesting medical records within a specific 2017 service date(s) starting in June 2018. Since only a number of members will be randomly selected, not all care providers will receive this request. >

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

[UnitedHealthcare Commercial](#)

OptumRx Home Delivery Pharmacy Promotes Safety with New Opioid Dispensing Limits

As the newest component of our ongoing efforts to combat the opioid epidemic, OptumRx Home Delivery, a dispensing pharmacy for UnitedHealthcare members, is introducing a new operational standard — the first of its kind in the home delivery market.

Starting July 1, 2018, OptumRx Home Delivery Pharmacy will limit dispensing of opioid prescriptions to a 30-day supply at one time for UnitedHealthcare commercial members:

- Members who currently receive more than a 30-day supply at home delivery will need a new prescription or authorized refill for up to a 30-day supply from their prescriber.
- In most states, prescribers can send an electronic prescription to the pharmacy to help ensure quick and continued access for members in need of chronic opioid therapy – with no disruption.
- The amount a member pays for their opioid medication through home delivery may change, with cost shares adjusted for a 30-day supply level.
- Proactive communication: On May 1, 2018, members previously prescribed greater than a 30-day supply of opioids were mailed notification letters to make them aware of this change. In April 2018, OptumRx also sent prescribers a communication to provide additional education on this new operational standard.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

Beginning July 1, 2018, UnitedHealthcare will require prior authorization/notification for additional CPT codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting for our fully insured UnitedHealthcare commercial plan members.*

The new CPT codes include:

- 0026U: Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (“Positive, high probability of malignancy” or “Negative, low probability of malignancy”)
- 0027U: Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (“Positive, high probability of malignancy” or “Negative, low probability of malignancy”)
- 0028U: *CYP2D6* (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis
- 0029U: Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (i.e., *CYP1A2*, *CYP2C19*, *CYP2C9*, *CYP2D6*, *CYP3A4*, *CYP3A5*, *CYP4F2*, *SLCO1B1*, *VKORC1* and *rs12777823*)
- 0030U: Drug metabolism (warfarin drug response), targeted sequence analysis (i.e., *CYP2C9*, *CYP4F2*, *VKORC1*, *rs12777823*)
- 0031U: *CYP1A2* (cytochrome P450 family 1, subfamily A, member 2) (e.g., drug metabolism) gene analysis, common variants (i.e., 1F, 1K, 6, 7)
- 0032U: *COMT* (catechol-O-methyltransferase) (drug metabolism) gene analysis, c.472G>A (rs4680) variant
- 0033U: *HTR2A* (5-hydroxytryptamine receptor 2A), *HTR2C* (5-hydroxytryptamine receptor 2C) (e.g., citalopram metabolism) gene analysis, common variants (i.e., *HTR2A* rs7997012 [c.614-2211T>C], *HTR2C* rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])
- 0034U: *TPMT* (thiopurine S-methyltransferase), *NUDT15* (nudix hydroxylase 15) (e.g., thiopurine metabolism), gene analysis, common variants (i.e., *TPMT* 2, 3A, 3B, 3C, 4, 5, 6, 8, 12; *NUDT15* 3, 4, 5)

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UnitedHealthcare Commercial

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UnitedHealthcare Genetic and Molecular Testing Prior Authorization/ Notification Updates

- 0011M Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RTPCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk • 0029U: Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (i.e., CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)
- 0018U Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
- 0022U Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
- 0023U Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin
- 81105 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81106 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81107 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81108 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81109 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81110 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81111 Human Platelet Antigen 1 genotyping, various numbers of variants
- 81120 IDH1 (isocitrate dehydrogenase 1 [NADP+], common variants (e.g., R132H, R132C)
- 81121 IDH1 (isocitrate dehydrogenase 1 [NADP+], common variants (e.g., R132H, R132C)
- 0019U Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for herapeutic agents

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

[UnitedHealthcare Commercial](#)

Reminder on Risk Adjustment Data Validation (RADV) Audit Program

In compliance with the Risk Adjustment Data Validation (RADV) audit program under the Affordable Care Act (ACA), we are required by the U.S. Department of Health and Human Services (HHS) to provide supporting medical documentation to be used for the annual medical claims review audit for UnitedHealthcare commercial members.

To comply with HHS, we will be requesting medical records within a specific 2017 service date(s) starting in June 2018. Since only a number of members will be randomly selected, not all care providers will receive this request.

What's being requested from you?

If your claim is in the sample, you will be contacted to submit the medical records as outlined here. Please include only the minimum HIPAA necessary documentation:

- Demographics sheet
- Progress notes/face to face office visits
- Consultation reports/notes
- Discharge summary
- Emergency room records
- History and physical exam
- Medication list

- Operative/Procedure notes
- Prescription for laboratory services
- Problem list
- Radiology and pathology services
- Radiology reports



UnitedHealthcare will be using a vendor, CIOX Health, to conduct the request for medical records. For more information, please contact CIOX Health at **877-445-9293**.

[UnitedHealthcare Commercial](#)

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

For complete details on the policy updates listed in the following table, please refer to the [May 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Commercial Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
TAKE NOTE		
Quick Access to Policies on UHCprovider.com		
NEW		
Crysvita® (Burosumab-Twza)	Drug	May 1, 2018
UPDATED/REVISED		
Ambulance Services	CDG	June 1, 2018
Benlysta® (Belimumab)	Drug	May 1, 2018
Carrier Testing for Genetic Diseases	Medical	July 1, 2018
Cosmetic and Reconstructive Procedures	CDG	June 1, 2018
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	CDG	June 1, 2018
Entyvio® (Vedolizumab)	Drug	May 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	June 1, 2018
Gynecomastia Treatment	Medical	May 1, 2018
Hepatitis Screening	Medical	June 1, 2018

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[UnitedHealthcare Commercial](#)

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

Policy Title	Policy Type	Effective Date
Intrauterine Fetal Surgery	Medical	May 1, 2018
Macular Degeneration Treatment Procedures	Medical	June 1, 2018
Manipulative Therapy	Medical	June 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Medical	July 1, 2018
Occipital Neuralgia and Headache Treatment	Medical	June 1, 2018
Preventive Care Services	CDG	June 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	May 1, 2018
Radicava™ (Edaravone)	Drug	May 1, 2018
Site of Service Guidelines for Certain Outpatient Surgical Procedures	URG	May 1, 2018
Transpupillary Thermotherapy	Medical	May 1, 2018
Vaccines	Drug	May 1, 2018

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



UnitedHealthcare Commercial Reimbursement Policies

Learn about policy changes and updates.

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

[Coordinated Commercial Reimbursement Policy Announcement](#)

UnitedHealthcare will implement several commercial reimbursement policy enhancements. Whenever possible, we will make every effort to organize reimbursement policy updates into fewer articles for ease of review. >

[UnitedHealthcare Commercial Reimbursement Policies](#)

Coordinated Commercial Reimbursement Policy Announcement

UnitedHealthcare will implement several commercial reimbursement policy enhancements described in detail in the following chart. Whenever possible, we will make every effort to organize reimbursement policy updates into fewer articles for ease of review.

Please refer to the UnitedHealthcare commercial policies for additional details at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > **Reimbursement Policies for UnitedHealthcare Commercial Plans**](#).

Policy	Effective Date	Summary of Change
After Hours and Weekend Care	Aug. 18, 2018	<ul style="list-style-type: none"> Code 99051 will be allowed when billed with acute care services by Primary Care Providers (PCPs). Primary care practices with additional hours provide a convenient way for members to see their own PCPs.
Intraoperative Neuromonitoring	Sept. 1, 2018	<ul style="list-style-type: none"> Based on guidance from the American Academy of Neurology (AAN) and the Centers for Medicare & Medicaid Services (CMS), UnitedHealthcare is introducing this new Intraoperative Neuromonitoring (IONM) reimbursement policy. The IONM policy will apply to UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage plans. Separate reimbursement for IONM services represented by CPT codes 95940, 95941 and G0453 will only be considered for reimbursement when performed in an inpatient or outpatient hospital place of service (POS) 19, 21 or 22 when provided by a care provider who is not the surgeon or anesthesiologist. To support quality of care and patient safety, IONM services reported in a POS other than a hospital will be denied per guidance from the AAN.
Vision Screening CCI Editing	July 1, 2018	<ul style="list-style-type: none"> Vision Screening Services revision in alignment with the July 1, 2018 CMS NCCI update. Procedure codes 99173, 99174 and 99177 will be considered reimbursable when reported with preventive medicine E/M services. Modifiers will no longer be required for separate reimbursement of these services.
Professional and Technical Component Policy for Duplicate or Repeat Services of Global Test Only	Sept. 1, 2018	<ul style="list-style-type: none"> Only one physician or other health care professional will be reimbursed when duplicate or repeat services are reported. These services are defined as identical CPT or HCPCS codes assigned a Professional Component (PC)/Technical Component (TC) indicator 1, 2, 3, 4, 6 or 8 submitted for the same patient on the same date of service. When the same care provider reports standalone service (PC/TC Indicator 2, 3, or 4) more than once, on the same date of service, the second and subsequent services will not be separately reimbursed. Separate consideration will only be given to those services reported with the appropriate modifier. When a Global Test Only code (PC/TC 4) is reported and the same or different provider reports a PC/TC 2 and/or PC/TC 3 code that is a component of the Global Test Only code the PC/TC 2 and/or PC/TC3 code will not be separately reimbursed.



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



[Changes to Age and Supply Limits for Narcotic-containing Cough and Cold Products](#)

Beginning July 1, 2018, we'll implement changes to our supply limits related to cough and cold products that contain narcotics and the age of use for these products. These changes will align with the FDA's recommendations. We'll require prior authorization for all members under age 18. We'll also apply a per-prescription maximum of 120 ml and no more than 360 ml per rolling 30 days for all UnitedHealthcare Community Plan members. >

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

[UnitedHealthcare Community Plan 3rd Quarter 2018 Preferred Drug List](#)

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

[UnitedHealthcare Community Plan](#)

Changes to Age and Supply Limits for Narcotic-containing Cough and Cold Products

In January 2018, the U.S. Food and Drug Administration (FDA) announced recommendations for the safe use of prescription opioid cough and cold medicines containing codeine or hydrocodone in children younger than age 18 due to serious risks of these medicines. The FDA is also adding warnings to labels for adult prescriptions.

Beginning **July 1, 2018**, we'll implement changes to our supply limits related to cough and cold products that contain narcotics and the age of use for these products. These changes will align with the FDA's recommendations. We'll require prior authorization for all members under age 18. We'll also apply a per-prescription maximum of 120ml and no more than 360ml per rolling 30 days for all UnitedHealthcare Community Plan members. If you need to make a request for these products beyond these limits, you'll need to request prior authorization.

How You Can Help

If you're treating a member who needs cough treatment, please consider the following before prescribing a cough or cold product that contains a narcotic:

- For children under age 18, first consider alternative cough and cold products that don't contain narcotics
- Use the lowest effective dose of a narcotic containing cough and cold product
- Use the minimum quantity of cough or cold product needed for severe coughs when the product contains a narcotic
- Cough and cold products that contain narcotics should not be used with other medicines that depress the central nervous system

Submitting a Prior Authorization

You can find prior authorization forms at UHCCommunityPlan.com > For Health Care Professionals > Select your state > Pharmacy Program > Pharmacy Prior Authorization Forms.



To submit a prior authorization request, please fax the request form and supporting documentation to **866-940-7328**.

If you have questions, please call Provider Services at **888-362-3368**.

[UnitedHealthcare Community Plan](#)

UnitedHealthcare Community Plan 3rd Quarter 2018 Preferred Drug List

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

Not all medications will be added, modified or deleted in each state, so please check the state's PDL for a state-specific list of preferred drugs. You may also view the changes at UHCCommunityPlan.com > For Health Care Professionals > Select your state > Pharmacy Program.

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

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



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

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[UnitedHealthcare Community Plan](#)

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UnitedHealthcare Community Plan 3rd Quarter 2018 Preferred Drug List

Changes will be effective July 1, 2018 for: Arizona, California, Florida for Florida Health Kids, Hawaii, Louisiana, Maryland, Mississippi, Nevada, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, and Virginia. Changes will be effective Sept. 1, 2018 for Michigan and Nebraska.

These changes don't apply to UnitedHealthcare Community Plans in Florida (Medicaid), Iowa, Kansas, Texas and Washington.

PDL Additions

Brand Name	Generic Name	Comments
Admelog® Solostar	Insulin lispro injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus. Prior authorization required.
Admelog® vial	Insulin lispro injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus.
Calquence®	Acalabrutinib capsule	Indicated for the treatment of mantle cell lymphoma in patients who have received at least one prior therapy. Prior authorization required. Available through specialty pharmacy.
Hemlibra®	Emicizumab-kxwh injection	Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A with factor VIII inhibitors. Prior authorization required. Available through specialty pharmacy.
Juluca®	Dolutegravir/rilpivirine tablet	Complete regimen for the treatment of HIV-1 infection to replace the current antiretroviral regimen in those who are virologically suppressed. Diagnosis required.
Natroba™*	Spinosad suspension	Indicated for the treatment of head lice infestation due to <i>Pediculus capitis</i> .
Nityr™	Nitisinone tablet	Indicated for the treatment of hereditary tyrosinemia type 1 (HT-1). Diagnosis required. Available through specialty pharmacy.
Percocet®* 7.5mg/325mg and 10mg/325mg	Oxycodone/ acetaminophen tablet	Indicated for moderate to severe pain. Oxycodone/acetaminophen 7.5mg/325mg and 10mg/325mg tablets will be added to the PDL. Oxycodone 5mg/325mg tablet remains preferred on the PDL.

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[UnitedHealthcare Community Plan](#)

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UnitedHealthcare Community Plan 3rd Quarter 2018 Preferred Drug List

Brand Name	Generic Name	Comments
Roxicodone®* 10mg and 20mg	Oxycodone tablet	Indicated for severe pain. Oxycodone 10mg and 20mg tablets will be added to the PDL. Oxycodone 5mg, 15mg and 30mg tablets remain preferred on the PDL.
Segluromet™	Ertugliflozin/ metformin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step therapy required.
Steglatro™	Ertugliflozin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step therapy required.
Verzenio™	Abemaciclib tablet	Indicated for the treatment of hormone-receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. Prior authorization required. Available through specialty pharmacy.

*Only generics are preferred.

PDL Modifications

Brand Name	Generic Name	Comments
Asmanex® HFA	Mometasone inhalation	Asmanex HFA will be an additional preferred non-dry powder inhaler for patients less than 8 years. Patients 8 years and older will require prior authorization.
Humalog® KwikPen	Insulin lispro injection	Humalog® KwikPen will remain non-preferred and current users will be required to transition to Admelog® Solostar.
NovoLog® Flexpen	Insulin aspart injection	NovoLog® Flexpen will remain non-preferred and current users will be required to transition to Admelog® Solostar.

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[UnitedHealthcare Community Plan](#)

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UnitedHealthcare Community Plan 3rd Quarter 2018 Preferred Drug List**Removed From PDL**

Brand Name	Generic Name	Comments
Humalog® 100 unit/mL vial	Insulin lispro injection	Admelog® vial is an alternative agent available. Current users will not be grandfathered.
Invokamet®/ Invokamet® XR	Canagliflozin/metformin tablet	Segluromet™ is an alternative agent available. Current users will not be grandfathered.
Invokana®	Canagliflozin tablet	Steglatro™ is an alternative agent available. Current users will not be grandfathered.
Jardiance®	Empagliflozin tablet	Steglatro™ is an alternative agent available. Current users will not be grandfathered.
NovoLog® 100 unit/mL vial	Insulin aspart injection	Admelog® vial is an alternative agent available. Current users will not be grandfathered.
Orfadin®	Nitisinone capsule and suspension	Nityr™ is an alternative agent available. Current users will not be grandfathered.
Synjardy®/ Synjardy® XR	Empagliflozin/ metformin tablet	Segluromet™ is an alternative agent available. Current users will not be grandfathered.

PDL Update Training on UHC On Air

Looking for more information on PDL changes? Be sure to go to UHC On Air where you can check out an on-demand video highlighting this quarter's more impactful PDL changes.

- UnitedHealthcare Link users can access UHC On Air by selecting the UHC On Air tile on their Link dashboard. From there, go to your state, and click on UnitedHealthcare Community Plan. You'll find the Preferred Drug List Q3 Update in the video listings.
- To access Link, sign in to UHCprovider.com by clicking the Link button in the top right corner. If you don't have access to Link, select the New User button. To access the UHC On Air presentation directly, go to tiny.cc/UHCCPQ3PDL.



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

[UnitedHealthcare Community Plan](#)

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

For complete details on the policy updates listed in the following table, please refer to the [May 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
NEW		
Ketamine	Drug	Aug. 1, 2018
Trogarzo™ (Ibalizumab-Uiyk)	Drug	Aug. 1, 2018
UPDATED/REVISED		
17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P)	Drug	July 1, 2018
Balloon Sinus Ostial Dilation	Medical	July 1, 2018
Entyvio® (Vedolizumab)	Drug	July 1, 2018
Functional Endoscopic Sinus Surgery (FESS)	Medical	July 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Medical	July 1, 2018
Gynecomastia Treatment	CDG	May 1, 2018
Intrauterine Fetal Surgery	Medical	May 1, 2018
Lemtrada (Alemtuzumab)	Drug	July 1, 2018
Manipulative Therapy	Medical	July 1, 2018
Oral and Enteral Nutrition	CDG	May 1, 2018
Prolotherapy for Musculoskeletal Indications	Medical	May 1, 2018
Radicava™ (Edaravone)	Drug	July 1, 2018
Site of Service Guidelines for Certain Outpatient Surgical Procedures	URG	May 1, 2018
Transpupillary Thermotherapy	Medical	May 1, 2018

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



UnitedHealthcare Medicare Advantage

Learn about Medicare policy and guideline changes.

[Cost-Share Billing Reminder for UnitedHealthcare's Medicare Advantage Programs](#)

UnitedHealthcare Medicare Advantage (MA) members are only responsible for applicable cost sharing associated with their benefit plans. However, there are specific rules for MA members who are also eligible for Medicaid and qualify for a Dual Special Needs Plan (DSNP). >



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

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

[UnitedHealthcare Medicare Advantage](#)

Cost-Share Billing Reminder for UnitedHealthcare's Medicare Advantage Programs

UnitedHealthcare Medicare Advantage (MA) members are only responsible for applicable cost sharing associated with their benefit plans. However, there are specific rules for MA members who are dual eligible — meaning a MA member who is (a) eligible for Medicaid; and (b) for whom the state (Medicaid agency) is responsible for paying Medicare Part A and B cost sharing.

Qualified Medicare Beneficiaries (QMB) are a type of dual eligible member and are not responsible for the applicable Medicare cost sharing associated with their benefit plans as defined by the Centers for Medicare & Medicaid Services (CMS). Be advised that other MA members may qualify as a dual eligible and are also not responsible for the applicable Medicare cost sharing associated with their benefit plans. Medicare cost sharing includes deductibles, coinsurance and co-payments under Medicare Advantage programs. Care providers cannot bill, charge, collect a deposit from, or seek compensation from these individuals. Care providers can accept payment from us as payment in full or bill Medicaid for the remaining amount.



For more information, please see Chapter 10: Compensation in the 2018 Provider Administrative Guide located at [UHCprovider.com > Menu > Administrative Guides > **2018 UnitedHealthcare Administrative Guide**](#).

[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Policy Guideline Updates

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

Policy Title
TAKE NOTE
Quick Access to Policies on UHCprovider.com
NEW (Approved on April 11, 2018)
Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor
UPDATED/REVISED (Approved on April 11, 2018)
Anesthesia in Cardiac Pacemaker Surgery (NCD 10.6)
Autogenous Epidural Blood Graft (NCD 10.5)
Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3)
Cochleostomy with Neurovascular Transplant for Meniere's Disease (NCD 50.7)
Computed Tomography (NCD 220.1)
Diagnostic Breath Analyses (NCD 100.5)
Electronic Speech Aids (NCD 50.2)
Extracorporeal Photopheresis (NCD 110.4)
Faslodex® (Fulvestrant)
Gastrophotography (NCD 100.12)
Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)
Hemodialysis for Treatment of Schizophrenia (NCD 130.8)
Hydrophilic Contact Lens For Corneal Bandage (NCD 80.1)
Injection Sclerotherapy for Esophageal Variceal Bleeding (NCD 100.10)

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[UnitedHealthcare Medicare Advantage](#)

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UnitedHealthcare Medicare Advantage Policy Guideline Updates

Policy Title
Intravenous Immune Globulin (IVIG)
Laparoscopic Cholecystectomy (NCD 100.13)
Magnetic Resonance Imaging (NCD 220.2)
Magnetic Resonance Spectroscopy (NCD 220.2.1)
Multiple Electroconvulsive Therapy (MECT) (NCD 160.25)
Oxygen Treatment of Inner Ear/Carbon Therapy (NCD 50.5)
Pneumatic Compression Devices (NCD 280.6)
Qualitative Drug Testing for Indications Other Than Mental Health
Single Photon Emission Computed Tomography (SPECT) (NCD 220.12)
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35)
Therapeutic Continuous Blood Glucose Monitors
Thermography (NCD 220.11)
Transvenous (Catheter) Pulmonary Embolectomy (NCD 240.6)
Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)
Vabra Aspirator (NCD 230.6)
Vaccination (Immunization)
Visual Field Assessment with Concurrent Real Time Data Analysis and Accessible Data Storage

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

[UnitedHealthcare Medicare Advantage](#)

UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the [May 2018 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

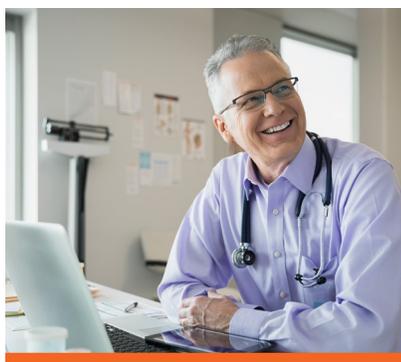
Policy Title
TAKE NOTE
Quick Access to Policies on UHCprovider.com
UPDATED/REVISED (Approved on April 17, 2018)
Breast Reconstruction Following Mastectomy
Cardiovascular Diagnostic Procedures
Cosmetic and Reconstructive Procedures
Diabetes Management, Equipment and Supplies
Genetic Testing
Glaucoma Surgical Treatments
Laboratory Tests and Services
Medications/Drugs (Outpatient/Part B)
Mobility Assistive Equipment (MAE)
Nasal and Sinus Procedures
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)
Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)
Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits

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



UnitedHealthcare Affiliates

Learn about updates with our company partners.



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

[SignatureValue/ UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates >](#)

[SignatureValue/ UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates >](#)



[UnitedHealthcare Affiliates](#)

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [May 2018 Policy Update Bulletin](#) at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

Policy Title	Policy Type	Effective Date
NEW		
Benlysta® (Belimumab)	Clinical	May 1, 2018
Crysvita® (Burosumab-Twza)	Clinical	May 1, 2018
Enzyme Replacement Therapy	Clinical	May 1, 2018
New York & Connecticut Participating Surgeons Using Non-Participating Providers for Intraoperative Neuro-Monitoring (IONM)	Administrative	June 1, 2018
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Clinical	June 1, 2018
Accreditation Requirements for Radiology Services	Administrative	May 1, 2018
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Clinical	June 1, 2018
Ambulance Services	Administrative	June 1, 2018
Benlysta® (Belimumab)	Clinical	Aug. 1, 2018
Chelation Therapy for Non-Overload Conditions	Clinical	May 1, 2018
Chromosome Microarray Testing (Non-Oncology Conditions)	Clinical	June 1, 2018
Cochlear Implants	Clinical	June 1, 2018
Computerized Dynamic Posturography	Clinical	May 1, 2018
Deep Brain and Cortical Stimulation	Clinical	May 1, 2018
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	June 1, 2018
Drug Coverage Guidelines	Clinical	May 1, 2018
Drug Coverage Guidelines	Clinical	June 1, 2018
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Clinical	June 1, 2018

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UnitedHealthcare Affiliates

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Oxford® Medical and Administrative Policy Updates

Policy Title	Policy Type	Effective Date
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Clinical	May 1, 2018
Entyvio® (Vedolizumab)	Clinical	June 1, 2018
Enzyme Replacement Therapy	Clinical	Aug. 1, 2018
Exondys 51™ (Eteplirsen)	Clinical	June 1, 2018
Ilaris® (Canakinumab)	Clinical	June 1, 2018
Infertility Diagnosis and Treatment	Clinical	June 1, 2018
Infliximab (Remicade®, Inflectra™, Renflexis™)	Clinical	June 1, 2018
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	Clinical	June 1, 2018
Maximum Frequency Per Day	Reimbursement	May 7, 2018
Ocrevus™ (Ocrelizumab)	Clinical	June 1, 2018
Orencia® (Abatacept) Injection for Intravenous Infusion	Clinical	June 1, 2018
Otoacoustic Emissions Testing	Clinical	June 1, 2018
Preventive Care Services	Clinical	June 1, 2018
Radicava™ (Edaravone)	Clinical	June 1, 2018
Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Clinical	June 1, 2018
Services and Modifiers Not Reimbursable to Healthcare Professionals	Reimbursement	May 7, 2018
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Clinical	June 1, 2018
Site of Service Guidelines for Certain Outpatient Surgical Procedures	Clinical	May 1, 2018
Thermography	Clinical	May 1, 2018
Vaccines	Clinical	May 1, 2018

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

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

[UnitedHealthcare Affiliates](#)

SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [May 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins](#).

Policy Title	Applicable State(s)	Effective Date
TAKE NOTE		
Quick Access to Policies on UHCprovider.com		
UPDATED/REVISED		
Educational Programs for Members	All (California, Oklahoma, Oregon, Texas, & Washington)	May 1, 2018
Veteran's Administration (VA)	All	May 1, 2018

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

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SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [May 2018 SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > UnitedHealthcare SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

Policy Title	Effective Date
TAKE NOTE	
Quick Access to Policies on UHCprovider.com	
UPDATED/REVISED	
Carrier Testing for Genetic Diseases	July 1, 2018
Gastrointestinal Motility Disorders, Diagnosis and Treatment	June 1, 2018
Hepatitis Screening	June 1, 2018
Intrauterine Fetal Surgery	May 1, 2018
Macular Degeneration Treatment Procedures	June 1, 2018
Manipulative Therapy	June 1, 2018
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	July 1, 2018
Occipital Neuralgia and Headache Treatment	June 1, 2018
Otoacoustic Emissions Testing	June 1, 2018
Preventive Care Services	June 1, 2018
Prolotherapy for Musculoskeletal Indications	May 1, 2018
Transpupillary Thermotherapy	May 1, 2018

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

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