

DECEMBER 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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# Front & Center

Stay up to date with the latest news and information.

## [Network National Laboratory Services Care Providers for 2019](#)

In 2019, UnitedHealthcare will be growing its national network of participating laboratory providers to better support our members and the care providers who order laboratory services. LabCorp will remain in-network and beginning Jan. 1, 2019, Quest Diagnostics will also be an in-network laboratory care provider for all UnitedHealthcare members\*. >

## [UnitedHealthcare Preferred Lab Network to Launch July 1, 2019](#)

UnitedHealthcare's Preferred Lab Network will launch July 1, 2019, and feature currently contracted laboratory care providers that have met higher standards for access, cost, data, quality and service. These standards will help us work with the labs to improve care provider and member experience. >

## [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. >

## [Ambulatory Surgery and Level of Care Reviews](#)

Our Pre-Service Level of Care (LOC)

reviews help ensure our members receive care in the most appropriate, cost-effective setting based on their individual needs. Pre-service level of care reviews can also reduce unwarranted variations and can improve quality outcomes. >

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

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

## [Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019](#)



# Front & Center

Stay up to date with the latest news and information.

In September and October of 2018, we announced that we're retiring certain fax numbers used for medical prior authorization requests on Jan. 1, 2019. Instead of faxing the requests, please use the Prior Authorization and Notification tool on Link. >

## [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. >

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

We're continuously making

improvements to Link tools to better support your needs. >

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

## [340B Drug Pricing Program Expanding in 2019](#)

In 2019, the Centers for Medicare

& Medicaid Services (CMS) is extending the 340B payment change to additional off-campus provider-based hospital outpatient departments that are paid under the Physician Fee Schedule. UnitedHealthcare will also align with CMS requirements for the 2019 340B Program expansion. >

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## Network National Laboratory Services Care Providers for 2019

In 2019, UnitedHealthcare will be growing its national network of participating laboratory providers to better support members and the care providers who order laboratory services.

- LabCorp is currently UnitedHealthcare's exclusive national clinical laboratory care provider. After Jan. 1, 2019, they will remain in network for all UnitedHealthcare members.\*
- Beginning Jan. 1, 2019, Quest Diagnostics will be an in-network laboratory care provider for all UnitedHealthcare members.\*

LabCorp offers nearly 5,000 frequently requested and specialty tests, including a wide range of clinical, anatomic pathology, genetic and genomic tests, delivered through LabCorp's broad patient access points, including a growing retail presence.

Quest, which is an in-network lab for a limited number of UnitedHealthcare plans in some markets today, has 6,000 patient access points and will be in-network nationwide for all plan participants beginning Jan. 1, 2019.



For more information, please contact your UnitedHealthcare representative.

\*Excluding existing lab capitation agreements

### UnitedHealthcare Preferred Lab Network to Launch July 1, 2019

We're excited to announce that the UnitedHealthcare Preferred Lab Network will launch July 1, 2019. The Preferred Lab Network will feature currently contracted laboratory care providers that have met higher standards for access, cost, data, quality and service. These standards will help us work with the labs to improve the care provider and member experience.

We're currently reaching out to free-standing labs already participating in the UnitedHealthcare network inviting them to apply to join the Preferred Lab Network program. In the summer of 2019, we'll announce more information about the program, along with the labs that will be included in the Preferred Lab Network.

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# Changes in Advance Notification and Prior Authorization Requirements

## Code Additions to Prior Authorization

For dates of service on or after **Dec. 1, 2018**, the following procedure codes, per state requirements, will require prior authorization for members under age 21 for **UnitedHealthcare Community Plan of Texas (Star and Star Kids (LTSS) Plans)**:

Category	Codes
Dental Anesthesia	00170, 41899

## Code Removals from Existing Prior Authorization Categories

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

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plans (Medicaid, CHIP, LTSS) – all plans**:

Category	Codes
Orthotics and prosthetics	L2128

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plan of Arizona Complete Care (Medicaid)**:

Category	Codes
Bariatric Surgery	43887

For dates of service on or after **Jan. 1, 2019**, the following code will NOT require prior authorization for **UnitedHealthcare Community Plan of Nebraska (Medicaid)**:

Category	Codes
Bariatric Surgery	43865

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## Changes in Advance Notification and Prior Authorization Requirements

For dates of service on or after **Jan. 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Community Plan of Mississippi (Medicaid, CHIP Plans)**:

Category	Codes
Non-emergent air ambulance transport	A0430, A0431, S9960 , S9961

For dates of service on or after **Jan. 1, 2019**, the following codes will NOT require prior authorization for **UnitedHealthcare Medicare Plans** (UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, UnitedHealthcare Community Dual Special Needs Plans, UnitedHealthcare Community Plan Massachusetts Senior Care Options, UnitedHealthcare Community Plans-Medicare, and Medica and Preferred Care of Florida health plan):

Category	Codes
Durable Medical Equipment (DME)	E0470, E0471, E0472, E0650, E0651, E0652, E0655, E0656 E0660, E0665, E0667, E0668, E0669, E0671, E0672, E0673, E0675 Note: Excludes Medica and Preferred Care of Florida health plan
Orthotics	L2128

For dates of service on or after **Jan. 1, 2019**, the following procedure codes will NOT require prior authorization for **UnitedHealthcare Commercial Plans (UnitedHealthcare Commercial, UnitedHealthcare West)**:

Category	Codes
Genetic and Molecular Testing	0028U
Injectable Medications - Hemophilia	Q9975

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **UnitedHealthcare Mid Atlantic Health Plan**:

Category	Codes
Sleep Apnea Procedures & Surgeries	41530
Radiology	70557, 70558, 70559, 76390, 77022, 77423, 77424, 77425, S8035
Potentially Unproven Services	0345T
DME greater than \$1000	E0470, E1800, E1810, E1815, K0812
Prosthetics greater than \$1000	L5700, L5701

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**Changes in Advance Notification and Prior Authorization Requirements**

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **Neighborhood Health Partnership commercial plan:**

Category	Codes
Digestive System	43238, 43245, 43246, 43248, 43250, 43251, 43259, 43279 43631, 44120, 44180, 44204, 44207, 45382, 45386, 45505 46200, 46230, 46260, 46270, 46280, 46947, 47130, 47562 47563, 48102, 49000, 49010, 49203, 49418, 49500, 49507 49520, 49560, 49657, G0105
DME greater than \$1000	E0470, E0472, E1800, E1810 E1815, K0010
Injectable Medications – Hemophilia	Q9975
Musculoskeletal	23430, 23455, 23515, 25076, 25107, 25115, 26116, 26160 26418, 26615, 26727, 26746, 26860, 27095, 27323, 27370 27418, 27420, 27427, 27485, 27650, 27675, 27691, 27792 27829, 28045, 28090, 28238 28300, 28304, 28315, 28750 28810, 29804
Orthotics greater than \$1000	L2128
Potentially Unproven Services	S3652
Prosthetics greater than \$1000	L5700, L5701
Sleep Apnea Procedures & Surgeries	41530

For dates of service on or after Jan. 1, 2019, the following procedure codes will NOT require prior authorization for **UnitedHealthcare of the River Valley commercial plan:**

Category	Codes
DME greater than \$1000	E0470, E0472, E1800, E1810, E1815, K0010
Orthotics greater than \$1000	L2128
Potentially Unproven Services	S3652
Prosthetics greater than \$1000	L5700, L5701
Sleep Apnea Procedures & Surgeries	41530

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# Changes in Advance Notification and Prior Authorization Requirements

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



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

## Front & Center

# Ambulatory Surgery and Level of Care Reviews

Our Pre-Service Level of Care (LOC) reviews help ensure our members receive care in the most appropriate, cost-effective setting based on their individual needs. Pre-service level of care reviews can also reduce unwarranted variations and can improve quality outcomes.

Recent trends toward less-invasive surgical and anesthetic techniques have allowed certain traditionally inpatient surgical procedures to be done safely and effectively in the ambulatory setting such as a hospital outpatient surgery department. Meanwhile, the risks of inpatient hospital stays, such as nosocomial infections and medication errors, have received increasing attention. These factors have prompted a reconsideration of the benefits of the ambulatory surgery setting by payers and providers alike. In fact, the Centers for Medicare & Medicaid Services (CMS) recently removed total knee arthroplasties from the “Inpatient Only” list of surgical procedures.

UnitedHealthcare has conducted pre-service level of care reviews for procedures on the Enterprise Prior Authorization List identified as “potentially ambulatory” by Milliman Care Guidelines (MCG). These guidelines include criteria to determine the appropriate surgical setting for certain surgical procedures. MCG notes that their own research

indicates that 20 to 50 percent of surgical procedures termed ‘ambulatory’ or ‘potentially ambulatory’ have been done safely and effectively under the ambulatory level of care. These same guidelines also define the ambulatory setting (outpatient setting of the hospital) as including an overnight stay, affording 24 hours of postoperative observation as part of ambulatory surgical treatment. Specific details such as which procedure is being considered and the overall clinical status of the patient are necessary to complete assessment of suitability for ambulatory surgery.

If it becomes clear in the postoperative period that more than an overnight stay is needed, a request for such care can be made and reviewed at that time.



For more information, contact your  
Provider Advocate.

### 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](https://UHCprovider.com/pharmacy).

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# Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019

In September and October of 2018, we announced that we’re retiring certain fax numbers used for medical prior authorization requests on Jan. 1, 2019. **Instead of faxing the requests, please use the Prior Authorization and Notification tool on Link.**

Go to [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth) for full program details.

**The fax numbers retiring on Jan. 1, 2019, are:**

877-269-1045	866-537-9371
866-362-6101	800-789-0714
866-892-4582	800-352-0049
866-589-4848	800-538-1339
866-255-0959	800-676-4798

More numbers will be added to this list throughout 2019. We’ll let you know which numbers are being retired in the Network Bulletin and at [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth).

**Some Fax Numbers Won’t Retire**

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

**Requests for Additional Information**

If we ask you for more information about a prior authorization request, you can attach it directly to the

case using the Prior Authorization and Notification tool on Link. If you can’t access Link, you can use the fax number included on the request for more information.

**New Fax Numbers for Admission Notifications**

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

- UnitedHealthcare Commercial Admission Notifications: **844-831-5077.**
- UnitedHealthcare Medicare Advantage and Medicare Special Needs Plans Admission Notifications: **844-211-2369.**

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

**Other Ways to Submit a Prior Authorization Request**

If you’re unable to use the Prior Authorization and Notification tool on Link, you can continue to call Provider Services at **877-842-3210** to submit a request by phone.

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# Ten Fax Numbers Used for Medical Prior Authorization Retiring on Jan. 1, 2019

## Quick Start: Using the Prior Authorization and Notification Tool

Access the tool by clicking on the Link button in the top right corner of this screen and signing in. Learn more at [UHCprovider.com/paan](http://UHCprovider.com/paan).

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

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

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

**Access the Prior Authorization and Notification tool** by clicking on the Link button in the top right corner of this screen and signing in. New to Link? Click on New User or go to [UHCprovider.com/newuser](http://UHCprovider.com/newuser).

**Register for training** at [UHCprovider.com/training](http://UHCprovider.com/training) to learn about using the Prior Authorization and Notification tool. Learn more at [UHCprovider.com/paan](http://UHCprovider.com/paan) or watch one of our short video tutorials:

- [Prior Authorization and Notification Submission](#)
- [Prior Authorization and Notification Inquiry](#)
- [Prior Authorization and Notification Status](#)

## 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/ife/form/SV\\_08sAsRnUY2Kb153](http://uhcresearch.az1.qualtrics.com/ife/form/SV_08sAsRnUY2Kb153). Thank you for your time.

## [Front & Center](#)

# Link Self-Service Updates and Enhancements

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

### Prior Authorization and Notification tool

- Required fields are now highlighted
- When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
- Now you can enter additional contact details

### referralLink

- A "Help" hyperlink has been added to the screen to connect to [UHCprovider.com/referrallink](https://UHCprovider.com/referrallink) for Quick Reference Guides and more.

### eligibilityLink

- When you access Prior Authorization and Notification from eligibilityLink, the member information will be retained.
- A "Help" hyperlink has been added to the right navigation and it links to [UHCprovider.com/eligibilitylink](https://UHCprovider.com/eligibilitylink) for Quick Reference Guides and more.

### Getting Started

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

Register for live training webinars at [UHCprovider.com/training](https://UHCprovider.com/training) or watch short tutorials on demand on UHC On Air on Link. [UHC On Air](#) is your source for live and on-demand video broadcasts created specifically for UnitedHealthcare providers.



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

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# Dental Clinical Policy & Coverage Guideline Updates

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Application of Medicaments and Desensitizing Resins</a>	Clinical Policy	Nov. 1, 2018
<a href="#">Bacterial and Viral Testing</a>	Coverage Guideline	Nov. 1, 2018
<a href="#">Full Mouth Debridement</a>	Coverage Guideline	Dec. 1, 2018
<a href="#">General Anesthesia and Conscious Sedation Services</a>	Coverage Guideline	Jan. 1, 2019
<a href="#">Implants</a>	Coverage Guideline	Nov. 1, 2018
<a href="#">Medically Necessary Orthodontic Treatment</a>	Coverage Guideline	Nov. 1, 2018
<a href="#">Miscellaneous Diagnostic Procedures</a>	Clinical Policy	Jan. 1, 2019
<a href="#">National Standardized Dental Claim Utilization Review Criteria</a>	Utilization Review Guideline (URG)	Jan. 1, 2019
<a href="#">Non-Surgical Periodontal Therapy</a>	Clinical Policy	Nov. 1, 2018
<a href="#">Occlusal Guards</a>	Coverage Guideline	Jan. 1, 2019
<a href="#">Removable Prosthodontics</a>	Coverage Guideline	Jan. 1, 2019
<a href="#">Space Maintenance</a>	Coverage Guideline	Jan. 1, 2019
<a href="#">Surgical Extraction of Erupted Teeth and Retained Roots</a>	Coverage Guideline	Nov. 1, 2018
<a href="#">Surgical Extraction of Impacted Teeth</a>	Clinical Policy	Nov. 1, 2018
<a href="#">Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications</a>	Clinical Policy	Jan. 1, 2019

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

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## 340B Drug Pricing Program Expanding in 2019

In 2018, the Centers for Medicare & Medicaid Services (CMS) implemented a payment policy to help beneficiaries save on coinsurance for drugs that were administered at hospital outpatient departments that were acquired through the 340B program — a program that allows certain hospitals to buy outpatient drugs at lower cost. Since the implementation, beneficiaries are already saving an estimated \$320 million on out-of-pocket payments for these drugs<sup>1</sup>. As announced in the [July 2018 Network Bulletin](#), UnitedHealthcare aligned our policies with this CMS requirement.

In 2019, CMS is expanding this policy by extending the 340B payment change to additional off-campus provider-based hospital outpatient departments that are paid under the Physician Fee Schedule. UnitedHealthcare will also align with CMS requirements for the 2019 340B Program expansion.

Please remember that claims for drugs or biologics purchased through the 340B program must include the appropriate modifier. CMS has established two HCPCS Level II modifiers to identify 340B-acquired drugs — modifiers “JG” and “TB.”

By working together, we can help people live healthier lives and help make the health system work better for everyone. If you have additional questions, please contact your local network representative.

<sup>1</sup> CMS Finalizes Rule that Encourages More Choices and Lower Costs for Seniors available at [cms.gov/newsroom/press-releases/cms-finalizes-rule-encourages-more-choices-and-lower-costs-seniors](https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-encourages-more-choices-and-lower-costs-seniors) Nov, 2, 2018.



# UnitedHealthcare Commercial

Learn about program revisions  
and requirement updates.

## [Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide. >

## [Optum Fertility Solutions Infertility Guideline](#)

On March 4, 2019, the following revisions will take effect for the Infertility Medical Necessity Clinical Guideline: the definition of infertility will be expanded; gestational carrier information will be added; the age timeline for Assisted Reproductive Technologies (ART) will be updated; and information on when natural cycle IVF is not indicated will be updated. >

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



[UnitedHealthcare Commercial](#)

# Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide.

Once we're notified of a radiology or cardiology service that's subject to our protocols, we'll conduct a clinical coverage review as part of our prior authorization process if the member's benefit plan requires health services to be medically necessary to be covered.

Care providers must provide notification prior to scheduling a planned service subject to UnitedHealthcare's Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. This applies to all participating care providers who order or provide the following advanced imaging and cardiology procedures:

- Computerized Tomography (CT)
- Diagnostic catheterizations
- Echocardiograms
- Electrophysiology implant procedures (including inpatient)
- Magnetic Resonance Angiography (MRA)

- Magnetic Resonance Imaging (MRI)
- Nuclear cardiology
- Nuclear medicine
- Positron-Emission Tomography (PET)
- Stress echocardiograms

For the most current listing of CPT codes for which notification/prior authorization is required, refer to:

- **For radiology services:** [UHCprovider.com/Radiology](http://UHCprovider.com/Radiology) > Specific Radiology Programs.
- **For cardiology services:** [UHCProvider.com/Cardiology](http://UHCProvider.com/Cardiology) > Specific Cardiology Programs.

These requirements don't apply to advanced imaging or cardiology procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay (except for electrophysiology implants).

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# Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

## To Initiate or Confirm the Notification/Prior Authorization Process:

You can verify whether notification/prior authorization is required and initiate a request online or by phone:

- Go to [UHCprovider.com/radiology](https://UHCprovider.com/radiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access the Link web tools.)
- Go to [UHCprovider.com/cardiology](https://UHCprovider.com/cardiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access the Link web tools.)
- Call **866-889-8054** from 7 a.m. to 7 p.m., local time, Monday through Friday. The system will enable you to continue with the request process or respond automatically that notification or prior authorization is not needed.



For complete details on these radiology and cardiology protocols, please refer to the 2019 [UnitedHealthcare Care Provider Administrative Guide](#) available on [UHCprovider.com](https://UHCprovider.com).

## Optum Fertility Solutions Infertility Guideline

On March 4, 2019, the following revisions will take effect for the Infertility Medical Necessity Clinical Guideline:

- The definition of infertility will be expanded
- Gestational carrier information will be added
- The age timeline for Assisted Reproductive Technologies (ART) will be updated
- Information on when natural cycle IVF is not indicated will be updated

The revised clinical guideline can be accessed at [UHCprovider.com/en/policies-protocols/clinical-guidelines.html?rfid=UHCOCntrRD](https://UHCprovider.com/en/policies-protocols/clinical-guidelines.html?rfid=UHCOCntrRD).

[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 [November 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
<b>NEW</b>		
<a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan — Site Of Care</a>	URG	Jan. 1, 2019
<a href="#">Negative Pressure Wound Therapy</a>	Medical	Jan. 1, 2019
<a href="#">Therapeutic Radiopharmaceuticals</a>	Medical	Jan. 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">Ablative Treatment for Spinal Pain</a>	Medical	Dec. 1, 2018
<a href="#">Alpha<sub>1</sub>-Proteinase Inhibitors</a>	Drug	Nov. 1, 2018
<a href="#">Apheresis</a>	Medical	Nov. 1, 2018
<a href="#">Athletic Pubalgia Surgery</a>	Medical	Nov. 1, 2018
<a href="#">Autologous Chondrocyte Transplantation in the Knee</a>	Medical	Nov. 1, 2018
<a href="#">Bone or Soft Tissue Healing and Fusion Enhancement Products</a>	Medical	Nov. 1, 2018
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Medical	Nov. 1, 2018
<a href="#">Breast Reconstruction Post Mastectomy</a>	CDG	Nov. 1, 2018
<a href="#">Breast Repair/Reconstruction Not Following Mastectomy</a>	CDG	Nov. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Medical	Nov. 1, 2018
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	Drug	Nov. 1, 2018
<a href="#">Carrier Testing for Genetic Diseases</a>	Medical	Nov. 1, 2018

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Medical	Nov. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Medical	Nov. 1, 2018
<a href="#">Clotting Factors and Coagulant Blood Products</a>	Drug	Nov. 1, 2018
<a href="#">Cochlear Implants</a>	Medical	Nov. 1, 2018
<a href="#">Cognitive Rehabilitation</a>	Medical	Nov. 1, 2018
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Medical	Nov. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Medical	Nov. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Medical	Nov. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	Nov. 1, 2018
<a href="#">Denosumab (Prolia® &amp; Xgeva®)</a>	Drug	Nov. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Medical	Nov. 1, 2018
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Medical	Nov. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Drug	Nov. 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Medical	Nov. 1, 2018
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Medical	Nov. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Medical	Nov. 1, 2018
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Gender Dysphoria Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Gene Expression Tests for Cardiac Indications</a>	Medical	Nov. 1, 2018
<a href="#">Genetic Testing for Hereditary Cancer</a>	Medical	Dec. 1, 2018
<a href="#">Glaucoma Surgical Treatments</a>	Medical	Nov. 1, 2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Drug	Nov. 1, 2018

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Medical	Dec. 1, 2018
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Medical	Nov. 1, 2018
<a href="#">Home Traction Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Ilaris® (Canakinumab)</a>	Drug	Nov. 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Drug	Nov. 1, 2018
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Medical	Dec. 1, 2018
<a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</a>	Medical	Nov. 1, 2018
<a href="#">Intrauterine Fetal Surgery</a>	Medical	Nov. 1, 2018
<a href="#">Laser Interstitial Thermal Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Medical	Nov. 1, 2018
<a href="#">Macular Degeneration Treatment Procedures</a>	Medical	Nov. 1, 2018
<a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	Medical	Nov. 1, 2018
<a href="#">Manipulation Under Anesthesia</a>	Medical	Nov. 1, 2018
<a href="#">Manipulative Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Meniscus Implant and Allograft</a>	Medical	Nov. 1, 2018
<a href="#">Motorized Spinal Traction</a>	Medical	Nov. 1, 2018
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Medical	Nov. 1, 2018
<a href="#">Obstructive Sleep Apnea Treatment</a>	Medical	Jan. 1, 2019
<a href="#">Occipital Neuralgia and Headache Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Ocrevus™ (Ocrelizumab)</a>	Drug	Nov. 1, 2018
<a href="#">Omnibus Codes</a>	Medical	Jan. 1, 2019
<a href="#">Outpatient Cardiac Telemetry</a>	Medical	Nov. 1, 2018

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Pharmacogenetic Testing</a>	Medical	Nov. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Medical	Nov. 1, 2018
<a href="#">Preterm Labor Management</a>	Medical	Nov. 1, 2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Medical	Nov. 1, 2018
<a href="#">Skin and Soft Tissue Substitutes</a>	Medical	Nov. 1, 2018
<a href="#">Sodium Hyaluronate</a>	Medical	Jan. 1, 2019
<a href="#">Spinal Ultrasonography</a>	Medical	Nov. 1, 2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Medical	Nov. 1, 2018
<a href="#">Thermography</a>	Medical	Nov. 1, 2018
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Medical	Nov. 1, 2018
<a href="#">Total Artificial Heart</a>	Medical	Nov. 1, 2018
<a href="#">Transpupillary Thermotherapy</a>	Medical	Nov. 1, 2018
<a href="#">Umbilical Cord Blood Harvesting and Storage for Future Use</a>	Medical	Nov. 1, 2018
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Drug	Nov. 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 Reimbursement Policies

Learn about policy changes and updates.

## [Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations](#)

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they are done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy. >

## [New Vitamin D Testing Reimbursement Policy](#)

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence. The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy. >

## **UnitedHealthcare Community Plan Reimbursement Policy:**

Reimbursement policies that apply to UnitedHealthcare Community Plan members are located here: [UHCprovider.com](#) > Menu > [Health Plans by State](#) > [\[Select State\]](#) > "View Offered Plan Information" under the Medicaid (Community Plan) section > Bulletins and Newsletters. We encourage you

to regularly visit this site to view reimbursement policy updates.

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

[UnitedHealthcare Reimbursement Policies](#)

# Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they are done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy.

For these reasons, UnitedHealthcare Community Plan will implement these guidelines for claims processed on or after the effective date listed in the chart below:

1. We will allow the first three obstetrical ultrasounds per pregnancy.
2. The fourth and subsequent obstetrical ultrasound procedures will only be allowed for members identified as high risk.
3. Claims for high-risk members must include a diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list.
4. Claims for a fourth or subsequent obstetrical ultrasound procedure will be denied without one of the codes on that list.

State	Effective Dates of Service
California	Jan. 15, 2019



To read the policy, please visit [UHCprovider.com](https://UHCprovider.com) > For Health Care Professionals > (select state) > Reimbursement Policies.



[UnitedHealthcare Reimbursement Policies](#)

# New Vitamin D Testing Reimbursement Policy

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence.

Prevailing clinical evidence only considers Vitamin D testing to be clinically appropriate if it's done when the member is diagnosed with certain medical conditions. In those cases, members are limited to four tests annually.

The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy.

We regularly publish bulletins to explain the latest reimbursement policy and coverage updates for UnitedHealthcare Community Plan. You can find a list of these policies at [UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > \*\*Reimbursement Policies for Community Plan.\*\*](#)



If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate.



# UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.



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

[Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana](#)

Effective Feb. 1, 2019, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. >

[UnitedHealthcare Community Plan](#)

# Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana

Effective Feb. 1, 2019, prior authorization for outpatient injectable chemotherapy and related cancer therapies listed below will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests.

To submit an online request for prior authorization, sign in to Link and access the Prior Authorization and Notification tool. From there, select the “Radiology, Cardiology + Oncology” box. After answering two short questions about the state you work in, you’ll be directed to a new website to process authorization requests.

**Prior authorization will continue to be required for:**

- Chemotherapy and biologic therapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- Colony Stimulating Factors:
  - Filgrastim (Neupogen®) J1442
  - Filgrastim-aafi (Nivestym™) Q5110
  - Filgrastim-sndz (Zarxio®) Q5101
  - Pegfilgrastim (Neulasta®) J2505

- Pegfilgrastim-jmdb (Fulphila™) Q5108
- Sargramostim (Leukine®) J2820
- Tbo-filgrastim (Granix®) J1447
- Denosumab (Brand names Xgeva and Prolia): J0897

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

For UnitedHealthcare Community Plan in Louisiana, if the member receives injectable chemotherapy drugs in an outpatient setting from Nov. 1, 2018 through Jan. 31, 2019, you DO NOT need to submit a prior authorization request until a new chemotherapy drug will be administered. We’ll authorize the chemotherapy regimen the member was receiving prior to Feb. 1, 2019, and the authorization will be effective until Jan. 31, 2020, unless a change in treatment is needed.

[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 [November 2018 Medical Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletins](#).

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Ablative Treatment for Spinal Pain</a>	Medical	Jan. 1, 2019
<a href="#">Alpha<sub>1</sub>-Proteinase Inhibitors</a>	Drug	Nov. 1, 2018
<a href="#">Apheresis</a>	Medical	Nov. 1, 2018
<a href="#">Athletic Pubalgia Surgery</a>	Medical	Nov. 1, 2018
<a href="#">Autologous Chondrocyte Transplantation in the Knee</a>	Medical	Nov. 1, 2018
<a href="#">Bone or Soft Tissue Healing and Fusion Enhancement Products</a>	Medical	Nov. 1, 2018
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Medical	Nov. 1, 2018
<a href="#">Breast Reconstruction Post Mastectomy</a>	CDG	Nov. 1, 2018
<a href="#">Breast Repair/Reconstruction Not Following Mastectomy</a>	CDG	Nov. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Medical	Nov. 1, 2018
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	Drug	Nov. 1, 2018
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Medical	Nov. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Medical	Nov. 1, 2018
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	Medical	Nov. 1, 2018
<a href="#">Cochlear Implants</a>	Medical	Nov. 1, 2018
<a href="#">Cognitive Rehabilitation</a>	Medical	Nov. 1, 2018
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Medical	Nov. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Medical	Nov. 1, 2018

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[UnitedHealthcare Community Plan](#)

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Medical	Nov. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Medical	Nov. 1, 2018
<a href="#">Denosumab (Prolia® &amp; Xgeva®)</a>	Drug	Nov. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	Medical	Nov. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Medical	Nov. 1, 2018
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Medical	Nov. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Drug	Nov. 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Medical	Nov. 1, 2018
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Medical	Nov. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Medical	Nov. 1, 2018
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Gender Dysphoria Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Gene Expression Tests for Cardiac Indications</a>	Medical	Nov. 1, 2018
<a href="#">Genetic Testing for Hereditary Cancer</a>	Medical	Jan. 1, 2019
<a href="#">Glaucoma Surgical Treatments</a>	Medical	Nov. 1, 2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Drug	Nov. 1, 2018
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Medical	Jan. 1, 2019
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Medical	Nov. 1, 2018
<a href="#">Home Traction Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Ilaris® (Canakinumab)</a>	Drug	Nov. 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Drug	Nov. 1, 2018
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Medical	Jan. 1, 2019
<a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</a>	Medical	Nov. 1, 2018
<a href="#">Intrauterine Fetal Surgery</a>	Medical	Nov. 1, 2018

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[UnitedHealthcare Community Plan](#)

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Laser Interstitial Thermal Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Medical	Nov. 1, 2018
<a href="#">Macular Degeneration Treatment Procedures</a>	Medical	Nov. 1, 2018
<a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	Medical	Nov. 1, 2018
<a href="#">Manipulation Under Anesthesia</a>	Medical	Nov. 1, 2018
<a href="#">Manipulative Therapy</a>	Medical	Nov. 1, 2018
<a href="#">Meniscus Implant and Allograft</a>	Medical	Nov. 1, 2018
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Medical	Jan. 1, 2019
<a href="#">Motorized Spinal Traction</a>	Medical	Nov. 1, 2018
<a href="#">Neurophysiologic Testing and Monitoring</a>	Medical	Jan. 1, 2019
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Medical	Nov. 1, 2018
<a href="#">Obstructive Sleep Apnea Treatment</a>	Medical	Jan. 1, 2019
<a href="#">Occipital Neuralgia and Headache Treatment</a>	Medical	Nov. 1, 2018
<a href="#">Ocrevus™ (Ocrelizumab)</a>	Drug	Nov. 1, 2018
<a href="#">Omnibus Codes</a>	Medical	Jan. 1, 2019
<a href="#">Outpatient Cardiac Telemetry</a>	Medical	Nov. 1, 2018
<a href="#">Pharmacogenetic Testing</a>	Medical	Nov. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Medical	Nov. 1, 2018
<a href="#">Preterm Labor Management</a>	Medical	Nov. 1, 2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Medical	Nov. 1, 2018
<a href="#">Skin and Soft Tissue Substitutes</a>	Medical	Nov. 1, 2018
<a href="#">Sodium Hyaluronate</a>	Medical	Jan. 1, 2019
<a href="#">Spinal Ultrasonography</a>	Medical	Nov. 1, 2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Medical	Nov. 1, 2018

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[UnitedHealthcare Community Plan](#)

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

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Thermography</a>	Medical	Nov. 1, 2018
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Medical	Nov. 1, 2018
<a href="#">Total Artificial Heart</a>	Medical	Nov. 1, 2018
<a href="#">Transpupillary Thermotherapy</a>	Medical	Nov. 1, 2018
<a href="#">Umbilical Cord Blood Harvesting and Storage for Future Use</a>	Medical	Nov. 1, 2018
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Drug	Nov. 1, 2018
<a href="#">Whole Exome and Whole Genome Sequencing</a>	Medical	Jan. 1, 2019

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



# UnitedHealthcare Medicare Advantage

Learn about Medicare Advantage policy, reimbursement and guideline changes.

## [Prior Authorization for Post-Acute Inpatient Care Required for Medicare Advantage Members](#)

Beginning Jan. 1, 2019, facilities providing post-acute inpatient services will need to request prior authorization, and receive a determination, before UnitedHealthcare Medicare Advantage plan members can be admitted to one of the following types of facilities, or a post-acute care bed in one of the following types of facilities: acute inpatient rehabilitation, long-term acute care hospitals, skilled nursing facilities, critical access hospitals an acute care hospitals. >

## [Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the

UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

## [Peer to Peer Clarification](#)

Based on Centers for Medicare & Medicaid Services (CMS) regulations about adverse determinations, UnitedHealthcare Medicare Advantage is unable to change or reverse an adverse determination once the decision has been documented. Care providers are offered a post-decision discussion with a medical director. However, a reverse or change of the adverse determination cannot be made with a discussion; it must be formally appealed. >

## [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](#)

# Prior Authorization for Post-Acute Inpatient Care Required for Medicare Advantage Members

As part of our commitment to the Triple Aim of better quality, improved health outcomes and better cost for our members, we regularly evaluate our policies using objective, evidence-based criteria to guide coverage decisions and support patient care

Beginning Jan. 1, 2019, facilities providing post-acute inpatient services will need to request prior authorization, and receive a determination, before UnitedHealthcare Medicare Advantage plan members can be admitted to one of the following types of facilities, or a post-acute care bed in one of the following types of facilities:

- Acute inpatient rehabilitation
- Long-term acute care hospitals
- Skilled nursing facilities
- Critical access hospitals
- Acute care hospitals

This change applies to members enrolled in all UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Eligible Special Needs Plans (DSNP).

## What This Means for You

If you're a participating care provider, we may deny claims if one of these members is admitted to your facility without an approved prior authorization request. Claims will also be denied if your prior authorization request is denied. Prior authorization is not required for emergency or urgent care for members with emergency medical conditions. If you're a non-participating care provider, we encourage you to request prior authorization.

## How to Submit a Prior Authorization Request

It's easy to request prior authorization using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com/paan](https://UHCprovider.com/paan) to get started. Clinical information can be uploaded through the tool. If you're unable to use the Prior Authorization and Notification tool on Link you can call **877-842-3210**.

If you use the Prior Authorization and Notification tool, you'll be asked a series of questions that can help streamline the review process. You'll also receive a reference number that you use to track the status of your request. This reference number is not a determination of coverage or a guarantee of payment. If you call in your request, we'll let you know if clinical information is required.

## What Happens Next

Once you've submitted a prior authorization request, our nurses and medical directors will review the information and make a coverage determination. We'll call you once we've made a decision. Please note that this change doesn't affect admission notification requirements. You're still required to provide admission notification according to our Admission Notification protocol. Payment penalties will remain in effect for late admission notifications.



For more information about admission notification, go to [UHCprovider.com/guides](https://UHCprovider.com/guides).

[UnitedHealthcare Medicare Advantage](#)

# Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol.

Once we're notified of a radiology or cardiology service that's subject to our protocols, we'll conduct a clinical coverage review as part of our prior authorization process if the member's benefit plan requires health services to be medically necessary to be covered.

Care providers must provide notification prior to scheduling a planned service subject to UnitedHealthcare's Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. This applies to all participating care providers who order or provide the following advanced imaging and cardiology procedures:

- Diagnostic catheterizations
- Electrophysiology implant procedures (including inpatient)
- Nuclear cardiology
- Nuclear medicine
- Positron-Emission Tomography (PET)
- Stress echocardiograms

For the most current listing of CPT codes for which notification/prior authorization is required, refer to:

- **For radiology services:** [UHCprovider.com/Radiology](https://www.uhcprovider.com/Radiology) > Specific Radiology Programs.
- **For cardiology services:** [UHCprovider.com/Cardiology](https://www.uhcprovider.com/Cardiology) > Specific Cardiology Programs.

These requirements do not apply to advanced imaging or cardiology procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay (except for electrophysiology implants).

### To Initiate or Confirm the Notification/Prior Authorization Process:

You can verify whether notification/prior authorization is required and initiate a request online or by phone:

- Go to [UHCprovider.com/radiology](https://www.uhcprovider.com/radiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access Link.)
- Go to [UHCprovider.com/cardiology](https://www.uhcprovider.com/cardiology); click *Go to the Prior Authorization and Notification Tool*. (Optum ID is needed to access Link.)

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## [UnitedHealthcare Medicare Advantage](#)

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### Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin

- Call **866-889-8054** from 7 a.m. to 7 p.m., local time, Monday through Friday. The system will enable you to continue with the request process or respond automatically that notification or prior authorization is not needed.



For complete details on these radiology and cardiology protocols, please refer to the [2019 UnitedHealthcare Care Provider Administrative Guide](#) available on [UHCprovider.com](http://UHCprovider.com).

#### Peer to Peer Clarification

Based on Centers for Medicare & Medicaid Services (CMS) regulations about adverse determinations, UnitedHealthcare Medicare Advantage is unable to change or reverse an adverse determination once the decision has been documented. Care providers are offered a post-decision discussion with a medical director. However, a reverse or change of the adverse determination cannot be made with a discussion; it must be formally appealed.

We're providing terminology clarification for care providers related to this issue:

- Peer to Peer — A discussion with the medical director in which additional information is obtained that may change an adverse determination. A peer to peer discussion can only occur before a decision is documented.
- Post Decision Discussion — A discussion with the medical director for information purposes only and that will not change the documented adverse denial determination.

[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 or 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, go to Chapter 10: Compensation in the 2018 Provider Administrative Guide located at [UHCprovider.com](http://UHCprovider.com) > Menu > Administrative Guides and Manuals > [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
<b>UPDATED/REVISED (Approved on Oct. 10, 2018)</b>
<a href="#">Ambulatory Blood Pressure Monitoring (NCD 20.19)</a>
<a href="#">Ambulatory EEG Monitoring (NCD 160.22)</a>
<a href="#">Anzemet for Chemotherapy Induced Nausea</a>
<a href="#">Aprepitant for Chemotherapy-Induced Emesis (NCD 110.18)</a>
<a href="#">Biomarkers in Cardiovascular Risk Assessment</a>
<a href="#">Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) (NCD 20.16)</a>
<a href="#">Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)</a>
<a href="#">Certain Drugs Distributed by the National Cancer Institute (NCD 110.2)</a>
<a href="#">Chemical Aversion Therapy for Treatment of Alcoholism (NCD 130.3)</a>
<a href="#">Colorectal Cancer Screening Tests (NCD 210.3)</a>
<a href="#">Diagnostic Pap Smears (NCD 190.2)</a>
<a href="#">Dimethyl Sulfoxide (DMSO) (NCD 230.12)</a>
<a href="#">Electrical Aversion Therapy for Treatment of Alcoholism (NCD 130.4)</a>
<a href="#">Granulocyte Transfusions (NCD 110.5)</a>
<a href="#">Hyperthermia for Treatment of Cancer (NCD 110.1)</a>
<a href="#">Inpatient Hospital Stays for Treatment of Alcoholism (NCD 130.1)</a>
<a href="#">Laetrile and Related Substances (NCD 30.7)</a>
<a href="#">Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (NCD 110.16)</a>

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**UnitedHealthcare Medicare Advantage**

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**UnitedHealthcare Medicare Advantage Policy Guideline Updates**

Policy Title
UPDATED/REVISED (Approved on Oct. 10, 2018)
<a href="#">Outpatient Hospital Services for Treatment of Alcoholism (NCD 130.2)</a>
<a href="#">Podiatry</a>
<a href="#">Retinal Prosthesis</a>
<a href="#">Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (NCD 210.2)</a>
<a href="#">Self-Administered Drug(s) (SAD)</a>
<a href="#">Spinal Cord Stimulators for Chronic Pain</a>
<a href="#">Surgical or Other Invasive Procedure Performed on the Wrong Body Part (NCD 140.7)</a>
<a href="#">Surgical or Other Invasive Procedure Performed on the Wrong Patient (NCD 140.8)</a>
<a href="#">Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (NCD 130.5)</a>
<a href="#">Treatment of Drug Abuse (Chemical Dependency) (NCD 130.6)</a>
<a href="#">Treatment of Psoriasis (NCD 250.1)</a>
<a href="#">Ventricular Assist Devices (NCD 20.9.1)</a>
<a href="#">Withdrawal Treatments for Narcotic Addictions (NCD 130.7)</a>
<a href="#">Wrong Surgical or Other Invasive Procedure Performed on a Patient (NCD 140.6)</a>
RETIRED (Approved on Oct. 10, 2018)
<a href="#">Abarelix for the Treatment of Prostate Cancer (NCD 110.19)</a>
<a href="#">Interferon</a>

**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 [November 2018 Medicare Advantage Coverage Summary Update Bulletin](#) at [UHCprovider.com > Menu > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries > Coverage Summary Update Bulletins](#).

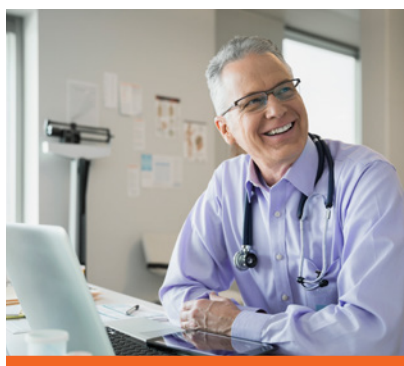
Policy Title
UPDATED/REVISED (Approved on Oct. 16, 2018)
<a href="#">Abortion</a>
<a href="#">Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation</a>
<a href="#">Blood, Blood Products and Related Procedures and Drugs</a>
<a href="#">Change in Membership Status while Hospitalized (Acute, LTC and SNF) or Receiving Home Health</a>
<a href="#">Chemotherapy, and Associated Drugs and Treatments</a>
<a href="#">Court, Attorney or Agency Requested Services</a>
<a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>
<a href="#">Emergent/Urgent Services, Post-Stabilization Care and Out-of-Area Services</a>
<a href="#">Medications/Drugs (Outpatient/Part B)</a>
<a href="#">Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services</a>
<a href="#">Stimulators: Electrical and Spinal Cord Stimulators</a>
<a href="#">Ventricular Assist Device (VAD) and Artificial Heart</a>
<a href="#">Wound Treatments</a>

**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](#) >

## [Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans](#)

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

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



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



[UnitedHealthcare Affiliates](#)

# Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [November 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
<b>NEW</b>		
<a href="#">Intraoperative Neuromonitoring</a>	Reimbursement	Jan. 1, 2019
<a href="#">Par Surgeons Using Non-Par Assistant Surgeons and Co-Surgeons</a>	Reimbursement	Jan. 1, 2019
<b>UPDATED/REVISED</b>		
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Clinical	Dec. 1, 2018
<a href="#">Accreditation Requirements for Radiology Services</a>	Administrative	Dec. 1, 2018
<a href="#">Alpha<sub>1</sub>-Proteinase Inhibitors</a>	Clinical	Nov. 1, 2018
<a href="#">Ambulance</a>	Reimbursement	Oct. 22, 2018
<a href="#">Apheresis</a>	Clinical	Nov. 1, 2018
<a href="#">Assistant Surgeon</a>	Reimbursement	Dec. 1, 2018
<a href="#">Assisted Administration of Clotting Factors and Coagulant Blood Products</a>	Clinical	Nov. 1, 2018
<a href="#">Athletic Pubalgia Surgery</a>	Clinical	Nov. 1, 2018
<a href="#">Behavioral Health Services</a>	Administrative	Dec. 1, 2018
<a href="#">Bone or Soft Tissue Healing and Fusion Enhancement Products</a>	Clinical	Nov. 1, 2018
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Clinical	Nov. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Clinical	Nov. 1, 2018
<a href="#">Buprenorphine (Probuphine® &amp; Sublocade™)</a>	Clinical	Dec. 1, 2018
<a href="#">Carrier Testing for Genetic Diseases</a>	Clinical	Nov. 1, 2018
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Clinical	Nov. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Clinical	Nov. 1, 2018
<a href="#">Clotting Factors and Coagulant Blood Products</a>	Clinical	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Clotting Factors and Coagulant Blood Products</a>	Clinical	Dec. 1, 2018
<a href="#">Clotting Factors and Coagulant Blood Products</a>	Clinical	Feb. 1, 2019
<a href="#">Cochlear Implants</a>	Clinical	Nov. 1, 2018
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Clinical	Nov. 1, 2018
<a href="#">Computerized Dynamic Posturography</a>	Clinical	Nov. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Clinical	Nov. 1, 2018
<a href="#">Co-Surgeon/Team Surgeon</a>	Reimbursement	Dec. 1, 2018
<a href="#">Co-Surgeon/Team Surgeon (CES)</a>	Reimbursement	Dec. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Clinical	Nov. 1, 2018
<a href="#">Denosumab (Prolia® &amp; Xgeva®)</a>	Clinical	Dec. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Clinical	Nov. 1, 2018
<a href="#">Drug Coverage Criteria - New and Therapeutic Equivalent Medications</a>	Clinical	Dec. 1, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	Nov. 1, 2018
<a href="#">Drug Coverage Guidelines</a>	Clinical	Dec. 1, 2018
<a href="#">Electric Tumor Treatment Field Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Clinical	Nov. 1, 2018
<a href="#">Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business</a>	Clinical	Nov. 1, 2018
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Clinical	Nov. 1, 2018
<a href="#">Enzyme Replacement Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Clinical	Nov. 1, 2018
<a href="#">Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography</a>	Clinical	Nov. 1, 2018
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Clinical	Nov. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Clinical	Nov. 1, 2018
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Clinical	Dec. 1, 2018
<a href="#">Gender Dysphoria Treatment</a>	Clinical	Nov. 1, 2018
<a href="#">Gene Expression Tests for Cardiac Indications</a>	Clinical	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Glaucoma Surgical Treatments</a>	Clinical	Nov. 1, 2018
<a href="#">Global Days</a>	Reimbursement	Nov. 12, 2018
<a href="#">Global Days</a>	Reimbursement	Dec. 1, 2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Clinical	Nov. 1, 2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Clinical	Dec. 1, 2018
<a href="#">Gonadotropin Releasing Hormone Analogs</a>	Clinical	Feb. 1, 2019
<a href="#">Home Traction Therapy</a>	Clinical	Nov. 1, 2018
<a href="#">Ilaris® (Canakinumab)</a>	Clinical	Nov. 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Clinical	Nov. 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Clinical	Dec. 1, 2018
<a href="#">Immune Globulin (IVIG and SCIG)</a>	Clinical	Feb. 1, 2019
<a href="#">Injection and Infusion Services</a>	Reimbursement	Nov. 12, 2018
<a href="#">Injection and Infusion Services (CES)</a>	Reimbursement	Nov. 12, 2018
<a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</a>	Clinical	Nov. 1, 2018
<a href="#">Intrauterine Fetal Surgery</a>	Clinical	Nov. 1, 2018
<a href="#">Laser Interstitial Thermal Therapy</a>	Clinical	Nov. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Clinical	Nov. 1, 2018
<a href="#">Lyme Disease</a>	Clinical	Dec. 1, 2018
<a href="#">Macular Degeneration Treatment Procedures</a>	Clinical	Nov. 1, 2018
<a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	Clinical	Nov. 1, 2018
<a href="#">Manipulation Under Anesthesia</a>	Clinical	Nov. 1, 2018
<a href="#">Manipulative Therapy</a>	Clinical	Nov. 1, 2018
<a href="#">Maximum Frequency Per Day</a>	Reimbursement	Nov. 12, 2018
<a href="#">Maximum Frequency Per Day</a>	Reimbursement	Dec. 1, 2018
<a href="#">Maximum Frequency Per Day (CES)</a>	Reimbursement	Nov. 12, 2018
<a href="#">Maximum Frequency Per Day (CES)</a>	Reimbursement	Dec. 1, 2018
<a href="#">Meniscus Implant and Allograft</a>	Clinical	Nov. 1, 2018
<a href="#">Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD)</a>	Clinical	Dec. 1, 2018

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**UnitedHealthcare Affiliates**

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Motorized Spinal Traction</a>	Clinical	Nov. 1, 2018
<a href="#">Neurophysiologic Testing and Monitoring</a>	Clinical	Dec. 1, 2018
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Clinical	Nov. 1, 2018
<a href="#">Obstetrical Policy</a>	Reimbursement	Nov. 12, 2018
<a href="#">Occipital Neuralgia and Headache Treatment</a>	Clinical	Nov. 1, 2018
<a href="#">Ocrevus™ (Ocrelizumab)</a>	Clinical	Dec. 1, 2018
<a href="#">Outpatient Cardiac Telemetry</a>	Clinical	Nov. 1, 2018
<a href="#">Oxford's Outpatient Imaging Self-Referral</a>	Clinical	Dec. 1, 2018
<a href="#">Pharmacogenetic Testing</a>	Clinical	Nov. 1, 2018
<a href="#">Physician Extenders</a>	Reimbursement	Dec. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Clinical	Nov. 1, 2018
<a href="#">Preterm Labor Management</a>	Clinical	Nov. 1, 2018
<a href="#">Procedure and Place of Service</a>	Reimbursement	Dec. 1, 2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Clinical	Nov. 1, 2018
<a href="#">Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs</a>	Clinical	Dec. 1, 2018
<a href="#">Supply Policy</a>	Reimbursement	Nov. 12, 2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Clinical	Nov. 1, 2018
<a href="#">Telehealth and Telemedicine</a>	Reimbursement	Dec. 1, 2018
<a href="#">Telehealth and Telemedicine (CES)</a>	Reimbursement	Dec. 1, 2018
<a href="#">Telemedicine</a>	Reimbursement	Nov. 1, 2018
<a href="#">Thermography</a>	Clinical	Nov. 1, 2018
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Clinical	Nov. 1, 2018
<a href="#">Total Artificial Heart</a>	Clinical	Nov. 1, 2018
<a href="#">Transcatheter Heart Valve Procedures</a>	Clinical	Dec. 1, 2018
<a href="#">Transpupillary Thermotherapy</a>	Clinical	Nov. 1, 2018
<a href="#">Umbilical Cord Blood Harvesting and Storage for Future Use</a>	Clinical	Nov. 1, 2018
<a href="#">Unicondylar Spacer Devices for Treatment of Pain or Disability</a>	Clinical	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**Oxford® Medical and Administrative Policy Updates**

Policy Title	Policy Type	Effective Date
<b>UPDATED/REVISED</b>		
<a href="#">Visual Information Processing Evaluation and Orthoptic and Vision Therapy</a>	Clinical	Dec. 1, 2018
<a href="#">Warming Therapy and Ultrasound Therapy for Wounds</a>	Clinical	Dec. 1, 2018
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	Nov. 1, 2018
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	Dec. 1, 2018
<a href="#">White Blood Cell Colony Stimulating Factors</a>	Clinical	Feb. 1, 2019

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

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

[UnitedHealthcare Affiliates](#)

## Reminder for Your Patients in UnitedHealthcare Oxford Commercial Plans

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

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

- The member's ID number will be **11** digits
- The Group Number will change to be **numeric-only**.
- The website listed on the back of the card is [UHCprovider.com](http://UHCprovider.com).

The ERA Payer ID number will not change and will remain **06111**.

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

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

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

[UnitedHealthcare Affiliates](#)

# UnitedHealthcare West Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the [November 2018 UnitedHealthcare West Medical Management Guidelines Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Medical Management Guidelines > Medical Management Guideline Update Bulletins](#).

Policy Title	Effective Date
<b>NEW</b>	
<a href="#">Negative Pressure Wound Therapy</a>	Jan. 1, 2019
<a href="#">Therapeutic Radiopharmaceuticals</a>	Jan. 1, 2019
<b>UPDATED/REVISED</b>	
<a href="#">Ablative Treatment for Spinal Pain</a>	Dec. 1, 2018
<a href="#">Apheresis</a>	Nov. 1, 2018
<a href="#">Athletic Pubalgia Surgery</a>	Nov. 1, 2018
<a href="#">Autologous Chondrocyte Transplantation in the Knee</a>	Nov. 1, 2018
<a href="#">Bone or Soft Tissue Healing and Fusion Enhancement Products</a>	Nov. 1, 2018
<a href="#">Breast Imaging for Screening and Diagnosing Cancer</a>	Nov. 1, 2018
<a href="#">Breast Reconstruction Post Mastectomy</a>	Nov. 1, 2018
<a href="#">Bronchial Thermoplasty</a>	Nov. 1, 2018
<a href="#">Carrier Testing for Genetic Diseases</a>	Nov. 1, 2018
<a href="#">Chelation Therapy for Non-Overload Conditions</a>	Nov. 1, 2018
<a href="#">Chemosensitivity and Chemoresistance Assays in Cancer</a>	Nov. 1, 2018
<a href="#">Cochlear Implants</a>	Nov. 1, 2018
<a href="#">Cognitive Rehabilitation</a>	Nov. 1, 2018
<a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a>	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**UnitedHealthcare West Medical Management Guideline Updates**

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
<a href="#">Computerized Dynamic Posturography</a>	Nov. 1, 2018
<a href="#">Corneal Hysteresis and Intraocular Pressure Measurement</a>	Nov. 1, 2018
<a href="#">Cytological Examination of Breast Fluids for Cancer Screening</a>	Nov. 1, 2018
<a href="#">Discogenic Pain Treatment</a>	Nov. 1, 2018
<a href="#">Electrical Bioimpedance for Cardiac Output Measurement</a>	Nov. 1, 2018
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome</a>	Nov. 1, 2018
<a href="#">Epidural Steroid and Facet Injections for Spinal Pain</a>	Nov. 1, 2018
<a href="#">Extracorporeal Shock Wave Therapy (ESWT)</a>	Nov. 1, 2018
<a href="#">Fecal Calprotectin Testing</a>	Nov. 1, 2018
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment</a>	Nov. 1, 2018
<a href="#">Gender Dysphoria Treatment Excluding California</a>	Nov. 1, 2018
<a href="#">Gene Expression Tests for Cardiac Indications</a>	Nov. 1, 2018
<a href="#">Genetic Testing for Hereditary Cancer</a>	Dec. 1, 2018
<a href="#">Glaucoma Surgical Treatments</a>	Nov. 1, 2018
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a>	Dec. 1, 2018
<a href="#">Hip Resurfacing and Replacement Surgery (Arthroplasty)</a>	Nov. 1, 2018
<a href="#">Home Traction Therapy</a>	Nov. 1, 2018
<a href="#">Hospital Readmissions</a>	Nov. 1, 2018
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Dec. 1, 2018
<a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</a>	Nov. 1, 2018
<a href="#">Intrauterine Fetal Surgery</a>	Nov. 1, 2018
<a href="#">Laser Interstitial Thermal Therapy</a>	Nov. 1, 2018
<a href="#">Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease</a>	Nov. 1, 2018
<a href="#">Macular Degeneration Treatment Procedures</a>	Nov. 1, 2018
<a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	Nov. 1, 2018
<a href="#">Manipulation Under Anesthesia</a>	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

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**UnitedHealthcare West Medical Management Guideline Updates**

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
<a href="#">Manipulative Therapy</a>	Nov. 1, 2018
<a href="#">Meniscus Implant and Allograft</a>	Nov. 1, 2018
<a href="#">Motorized Spinal Traction</a>	Nov. 1, 2018
<a href="#">Neuropsychological Testing Under the Medical Benefit</a>	Nov. 1, 2018
<a href="#">Obstructive Sleep Apnea Treatment</a>	Jan. 1, 2019
<a href="#">Occipital Neuralgia and Headache Treatment</a>	Nov. 1, 2018
<a href="#">Omnibus Codes</a>	Jan. 1, 2019
<a href="#">Outpatient Cardiac Telemetry</a>	Nov. 1, 2018
<a href="#">Pharmacogenetic Testing</a>	Nov. 1, 2018
<a href="#">Platelet Derived Growth Factors for Treatment of Wounds</a>	Nov. 1, 2018
<a href="#">Preterm Labor Management</a>	Nov. 1, 2018
<a href="#">Prolotherapy for Musculoskeletal Indications</a>	Nov. 1, 2018
<a href="#">Skin and Soft Tissue Substitutes</a>	Nov. 1, 2018
<a href="#">Sodium Hyaluronate</a>	Jan. 1, 2019
<a href="#">Spinal Ultrasonography</a>	Nov. 1, 2018
<a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</a>	Nov. 1, 2018
<a href="#">Thermography</a>	Nov. 1, 2018
<a href="#">Total Artificial Disc Replacement for the Spine</a>	Nov. 1, 2018
<a href="#">Total Artificial Heart</a>	Nov. 1, 2018
<a href="#">Transpupillary Thermotherapy</a>	Nov. 1, 2018
<a href="#">Umbilical Cord Blood Harvesting and Storage for Future Use</a>	Nov. 1, 2018

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[UnitedHealthcare Affiliates](#)

# UnitedHealthcare West Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the [November 2018 UnitedHealthcare West Benefit Interpretation Policy Update Bulletin](#) at [UHCprovider.com > Policies and Protocols > Commercial Policies > UnitedHealthcare West Benefit Interpretation Policies > Benefit Interpretation Policy Update Bulletins](#).

Policy Title
UPDATED/REVISED (Effective Dec. 1, 2018)
<a href="#">Chemotherapy</a>
<a href="#">Dental Care and Oral Surgery</a>
<a href="#">Diagnostic and Therapeutic Radiology Services</a>
<a href="#">Emergency and Urgent Services</a>
<a href="#">Enteral and Oral Nutrition Therapy</a>
<a href="#">Inpatient and Outpatient Mental Health</a>
<a href="#">Maternity and Newborn Care</a>
<a href="#">Parenteral Therapy</a>

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



# State News

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



## [Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

In the September 2018 Network Bulletin, we announced that the implementation of the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol for care providers in Minnesota, North Dakota, South Dakota and western Wisconsin was being delayed until 2019. Beginning Jan. 1, 2019, services provided to UnitedHealthcare members will be subject to the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol outlined in the UnitedHealthcare Care Provider Administrative Guide. >

## [Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations](#)

UnitedHealthcare Community Plan in California will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they are done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy. >

## [New Vitamin D Testing Reimbursement Policy](#)

For claims with dates of service on or after Jan. 1, 2019, UnitedHealthcare Community Plan in California will implement a new Vitamin D Testing Reimbursement Policy to further align with recent clinical evidence. The new reimbursement policy will cover four Vitamin D tests per year for members who are diagnosed with any of the diagnosis codes within the reimbursement policy. Vitamin D tests will not be covered for members who don't have one of the conditions listed in the approved diagnosis list of the reimbursement policy. >

## [Outpatient Injectable Cancer Therapy Prior Authorization – New Requirement for UnitedHealthcare Community Plan in Louisiana](#)

Effective Feb. 1, 2019, prior authorization for certain outpatient injectable chemotherapy and related cancer therapies will be required for UnitedHealthcare Community Plan members in Louisiana. Optum, an affiliate company of UnitedHealthcare, will manage these prior authorization requests. >

## [Radiology and Cardiology Notification/Prior Authorization Protocols for Care Providers in Minnesota, North Dakota, South Dakota and Western Wisconsin](#)

Beginning Jan. 1, 2019, services provided by Minnesota, North Dakota, South Dakota and western Wisconsin care providers to UnitedHealthcare Medicare Advantage members will be subject to the protocols in the UnitedHealthcare Care Provider Administrative Guide, including the Outpatient Radiology Notification/Prior Authorization Protocol and Outpatient Cardiology Notification/Prior Authorization Protocol. >

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Doc#: PCA-1-012967-11082018\_11122018

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