



Network Bulletin: January 2016

# network bulletin

Important updates 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.**

### Front & Center

- 2016 UnitedHealthcare Administrative Guide Available – Effective April 1, 2016
- UnitedHealthcare Hospital Quality Program Update
- Prior Authorization Required for Select Musculoskeletal and Pain Management Procedures – Effective April 4, 2016
- Radiology Program Procedure Code Changes - Effective Jan. 1, 2016

### UnitedHealthcare Commercial

- Jan. 1, 2016 Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouping Mapping
- Laboratory Benefit Management Program: Clinical Guideline Updates for Fully Insured UnitedHealthcare Commercial Members in Florida
- New Habilitative Services and Updated Rehabilitative Services Coverage Determination Guidelines – Effective Jan. 1, 2016
- Medical Policy, Drug Policy, Coverage Determination Guideline and Utilization Review Guideline Updates
- UnitedHealth Premium® Designation Program: Reconsideration Process Enhancements
- Confidential Communication Protection for Members in Oregon
- UnitedHealthcare Participation for Individual Exchanges in 2016
- Updates to Eligibility and Benefit EDI Transactions (270/271)
- UnitedHealthcare Shared Services Expansion for GEHA
- Changes to 2016 Out-of-Pocket Maximum Limits

### UnitedHealthcare Commercial Reimbursement Policies

- Change to Supply Policy - Bundling Code L8680 with Code 63650 for UnitedHealthcare Commercial and Medicare Advantage Members

### UnitedHealthcare Community Plan

- Medical Policy & Coverage Determination Guideline Updates
- UnitedHealthcare Community Plan of Ohio Reimbursement of Hospital-Grade Breast Pumps, HCPCS E0604
- Injectable Chemotherapy Prior Authorization Program for UnitedHealthcare Community Plans in Maryland and Washington

### UnitedHealthcare Medicare Solutions

- Medicare Advantage Coverage Summary Updates
- 2016 UnitedHealth Passport® – Health Care Benefit While Traveling
- IMRT Simulation Update

### UnitedHealthcare Affiliates

- Oxford Medical and Administrative Policy Updates
- UnitedHealthcare of the River Valley Preauthorization List and Coverage Policy Updates
- SignatureValue Benefit Interpretation Policy Updates
- SignatureValue Medical Management Guideline Updates
- UnitedHealthcare Infertility Program Update



## Front & Center

### 2016 UnitedHealthcare Administrative Guide Available – Effective April 1, 2016

The 2016 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage plans is available at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Administrative Guides. Unless otherwise noted, the new Guide is effective on April 1, 2016 for current participating care providers and effective immediately for care providers who began participating in our plans on or after Jan. 1, 2016.

The following list is a summary of selected updates to the Guide. It is not intended to represent every update or the details of any update. Please refer to the Guide for complete and detailed updates.

#### New in the 2016 Guide:

- Link replaces Optum Cloud Dashboard: Link is a new site for [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) users. It includes many of the same applications as Optum Cloud Dashboard, but with a new interface that can help you get to the information you need with fewer clicks.
- Air ambulance, Fixed-wing Non-emergency Transport Protocol: Existing protocols have been clarified.
- Coverage Summaries (for Medicare Advantage members): General information on where to find our coverage summaries, how they are developed, and how we notify you of changes have been added.
- Medical Policies, Drug Policies and Coverage Determination Guidelines for Commercial Members: General information on where to find our policies, how they are developed, and how we notify you of changes have been added.
- Medical Policies, Drug Policies and Coverage Determination Guidelines for River Valley Entities: Effective Feb. 1, 2016, River Valley entities will use our commercial plan policies and corresponding update bulletins on [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > Policies.



## Front & Center

2016 UnitedHealthcare  
Administrative Guide  
Available – Effective  
April 1, 2016

- Laboratory Services Protocol and Clinical Information Submission Requirements: UnitedHealthcare now requests clinical data from care providers to comply with state and federal data collection and reporting requirements.

### Revised in the 2016 Guide:

- Updating Provider Data: Specific requirements for regularly reviewing your demographic data and providing timely notice of changes have been expanded.
- Referring Members to a Non-Participating Provider: Consent form and protocol changes have been revised.
- Expansion of Commercial and Exchange Plans: New commercial plan offerings to support Health Insurance Marketplace benefit plans have been updated.
- ICD-10 Code References: For assistance with ICD-10 coding, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Quick Links > ICD-10 and Regulatory Outreach.
- Neighborhood Health Plan IVR System – Effective April 1, 2016 and upon member renewal, the Provider Services number will change and automated referral line will be discontinued.

For a paper copy of the UnitedHealthcare Administrative Guide please contact your Network Management representative, Physician Advocate, or Hospital & Facility Advocate.



## Front & Center

### UnitedHealthcare Hospital Quality Program Update

Updated Hospital Quality Program Quality Rating Reports based on refreshed claims data were sent to eligible hospitals in December 2015. The reports contain updated ratings that will be displayed in myHealthcare Cost Estimator as of March 1, 2016.

myHealthcare Cost Estimator is an online and mobile application that gives members information to help them understand health care costs and quality ratings for specific care providers and hospitals. It includes a five-star relative quality rating and comparative cost information for hospitals. The information from Hospital Quality Program Quality Rating Reports is used to create the quality indicators within myHealthcare Cost Estimator.

You may submit a rating reconsideration request to us by Jan. 30, 2016. We continue to accept reconsiderations for several months after the reconsideration due date.

UnitedHealthcare's Hospital Quality Program results are based on key measures for acute care hospitals that include common inpatient conditions and procedures.



For more information, go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Clinician Resources > Performance Measurement & Reporting > Hospital Quality Program. If you have any questions, please call 866-270-5588 or email [hospitalqualityprogram@uhc.com](mailto:hospitalqualityprogram@uhc.com).



## Front & Center

### Prior Authorization Required for Select Musculoskeletal and Pain Management Procedures – Effective April 4, 2016

Effective April 4, 2016, UnitedHealthcare will add select musculoskeletal and pain management procedures to our prior authorization list. We regularly evaluate our medical policies, clinical programs and health benefits based on the latest scientific evidence and specialty society guidance, as our member benefit plans require care to be medically appropriate.

This prior authorization requirement is another step we are taking in support of the Triple Aim to improve health care experiences, outcomes and total cost of care for UnitedHealthcare members. The requirement will apply to the following UnitedHealthcare commercial members, as allowed by state-specific requirements:

- UnitedHealthcare Commercial plans
- UnitedHealthcare Mid-Atlantic MD Healthplan Individual Practice Association, Inc. (“M.D. IPA”) or Optimum Choice, Inc. plans

Prior authorization will be required for procedures on the following list performed in all sites of care including inpatient/outpatient hospitals, ambulatory surgery centers and offices:

Procedure Class	Procedure Category	Codes Requiring Prior Authorization
Arthroplasty	Knee Arthroplasty	27437, 27438, 27440, 27441, 27442, 27443, 27445
	Arthroscopy	
	Ankle Arthroscopy	29891, 29892, 29893, 29894, 29895, 29897, 29898, 29899
	Elbow Arthroscopy	29830, 29834, 29835, 29836, 29837, 29838
	Hip Arthroscopy	29860, 29861, 29862, 29863
	Knee Arthroscopy	29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
	Shoulder Arthroscopy	29805, 29806, 29807, 29815, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
	Wrist Arthroscopy	29840, 29843, 29844, 29845, 29846, 29847, 29848



**Front & Center**

Prior Authorization  
Required for Select  
Musculoskeletal and Pain  
Management Procedures  
– Effective April 4, 2016

Procedure Class	Procedure Category	Codes Requiring Prior Authorization
Foot Surgery	Foot Hammertoe	28285
	Hallux Valgus/Rigidus	28289, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299
Spine Surgery	Decompression	63035, 63043, 63044, 63048, 63051, 63057, 63066, 63076, 63078, 63082, 63086, 63088, 63091, 63103, 63197, 63266, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63287, 63290, 63295
	Fusion	0195T, 0196T, 0309T 22534, 22552, 22585, 22614, 22632, 22634, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22851, 22857, 22862, 27279, 27280
	Vertebroplasty	22510, 22511, 22512
	Kyphoplasty	22513, 22514, 22515
Back Pain - Implants	Neurostimulators	63660, 63661, 63662, 63663, 63664, 63688

The prior authorization process must be completed before performing one of these procedures. Prior authorization requests can be filed in the following ways:

- Go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations. Using [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) is an easy way for providers to initiate prior authorization and is the preferred option for many practices.
- Call 877-842-3210.
- Fax the request to 866-756-9733.

If prior authorization is not obtained, claims will be administratively denied, and the member cannot be billed for the service. For more information about prior authorization requests and appeals, go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Clinician Resources > Advance and Admission Notification Requirements.

Requesting and receiving prior authorization does not guarantee or authorize payment. Payment for covered services depends upon the member's eligibility on the date of service, the member's benefit plan, any claim processing requirements and the terms of your participation agreement. You can verify member eligibility and benefit coverage at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Patient Eligibility & Benefits.

If you have any questions, please contact your local Network Management representative or call the Provider Services number on the back of the member's ID card. Thank you.



## Front & Center

### Radiology Program Procedure Code Changes — Effective Jan. 1, 2016

Effective Jan. 1, 2016, UnitedHealthcare updated the procedure code list for the Radiology Notification and Prior Authorization Programs based on code changes made by the American Medical Association (AMA). Claims with dates of service on or after Jan. 1, 2016 are subject to these changes.

The following Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) codes were added to the Radiology Notification and Prior Authorization list.

CODE CPT/HCPCS	CODE DESCRIPTION
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (When requesting authorization, list separately in addition to code for primary procedure)
78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days
G0297	Low dose CT scan (LDCT) for lung cancer screening

The full list of procedure codes requiring Notification or Prior Authorization in 2016 is available on [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Clinician Resources > Radiology. From this web page, select Radiology Notification & Prior Authorization for Commercial plans; select Medicare Advantage Radiology Prior Authorization Program for Medicare plans; or select UnitedHealthcare Community Plan Radiology Prior Authorization Program for Medicaid plans. The same procedure code list is used for all UnitedHealthcare plans with notations to identify specific codes that have differing authorization requirements.

The procedure code list can be found under the “Authorization Resources: Reference Materials” section.





## UnitedHealthcare Commercial

### Jan. 1, 2016 Coding Update to the UnitedHealthcare Facility Outpatient Procedure Grouper Mapping

Effective Jan. 1, 2016, the following code updates were made to the UnitedHealthcare 2015 Outpatient Procedure Grouper (OPG) mapping:

- 77 codes that are OPG-eligible were added to the applicable 0-10 or unlisted grouper levels.
- 39 codes that expired effective Dec. 31, 2015 that were OPG-eligible were removed from the mapping.

Please note that for reimbursement under OPG, UnitedHealthcare requires the appropriate line level current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code in addition to the revenue code when billing for outpatient procedures.



The updated UnitedHealthcare OPG Exhibit is available at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Claims & Payment > Outpatient Procedure Grouper (OPG). The second tab of the updated OPG Exhibit illustrates the changes from the Oct. 1, 2015 version to the Jan. 1, 2016 version.



## **UnitedHealthcare Commercial**

### **Laboratory Benefit Management Program: Clinical Guideline Updates for Fully Insured UnitedHealthcare Commercial Members in Florida**

Our Laboratory Benefit Management Clinical Guidelines for fully insured UnitedHealthcare commercial members in Florida, excluding Neighborhood Health Partnership, have been updated as part of the standard review process. Changes were made to the following guidelines:

- Carrier Screening for Cystic Fibrosis
- Evaluation of Thyroid Dysfunction
- Factor V Leiden Mutation Analysis
- Human Papillomavirus Testing

These Clinical Guideline changes will go into effect on Jan. 4, 2016.



To view the Laboratory Benefit Management Medical Policies, Clinical Guidelines and other resources, please visit [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > Protocols > UnitedHealthcare Laboratory Benefit Management Program.

Updates have also been made to the Condition Management Policies to include removal of the Immunohistochemistry Testing Policy.

Changes noted on the policies, if any, will be effective Jan. 23, 2016, and posted to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) the same date.

UnitedHealthcare's Laboratory Benefit Management Program was developed to help improve the quality of outpatient laboratory services, support evidence-based guidelines for patient care and lower costs for our members. The program applies to laboratory services ordered by network care providers in Florida for fully insured UnitedHealthcare Commercial members in Florida, excluding Neighborhood Health Partnership.

Please contact your UnitedHealthcare Provider Advocate or Network Manager if you have questions.



## UnitedHealthcare Commercial

### New Habilitative Services and Updated Rehabilitative Services Coverage Determination Guidelines – Effective Jan. 1, 2016

On Feb. 27, 2015, the U.S. Department of Health and Human Services released the final rule regarding the **Notice of Benefit and Payment Parameters for 2016**, in which they finalized a number of standards related to Essential Health Benefits (EHBs) and included a definition of habilitative services. Effective Jan. 1, 2016, there are minimum requirements for EHB benchmark plan coverage of these services for all fully insured individual and group EHB plans (1-100)\* both new and renewing, on and off the Exchange.

#### New Habilitative/Rehabilitative Requirements:

- **Effective Jan. 1, 2016**, plans may not impose limits on coverage of habilitative services and devices that are less favorable than limits imposed on EHB coverage of rehabilitative services and devices.
- **Effective Jan. 1, 2017**, benefit plans may not impose combined limits on habilitative and rehabilitative services and devices.
- The definitions of these services are as follows:
  - **Habilitative services:** Provided for a person to attain, maintain or prevent deterioration of a skill or function never learned or acquired due to a disabling condition; includes devices
  - **Rehabilitative services:** Provided to help a person regain, maintain or prevent deterioration of a skill or function that was acquired but then lost or impaired due to illness, injury or disabling condition; includes devices
- If the state benchmark plan does not include habilitative services, or in a state that does not have its own habilitative services definition, the Federal definition applies. In states with more robust habilitative services benefits than the Federal definition, the state definition applies.

#### Coverage Determination Guidelines

Please review the **Habilitative Services Coverage Determination Guideline** to see which services and diagnoses can be paid as habilitative benefits effective Jan. 1, 2016. ICD-10 codes listed within the habilitative services CDG were determined based on whether the code indicated a congenital anomaly, genetic anomaly or regulatory requirements such as autism spectrum disorder.

All other ICD-10 codes billed in conjunction with one of the CPT/HCPCS codes listed within the rehabilitative services Coverage Determination Guidelines fall under the rehabilitative services benefit. The **Rehabilitative Services Coverage Determination Guideline** has been updated to reflect this.

These Coverage Determination Guideline changes were also included in the **December 2015 edition of the Monthly Policy Update Bulletin**.

The 2016 UnitedHealthcare Certificate of Coverage has been updated to include the Federal definition. In 2017, we will update the Certificate of Coverage and EHB product portfolios with separate visit limits for habilitative and rehabilitative services and a definition of maintenance services.

#### Learn More

For more information about the EHB provision, please visit the **United for Reform Resource Center** or contact your UnitedHealthcare Physician Advocate.

*\*Small group size may change as a result of Protecting Affordable Coverage for Employees (PACE) Act.*



## UnitedHealthcare Commercial Medical Policy, Drug Policy, Coverage Determination Guideline and Utilization Review Guideline Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 Medical Policy Update Bulletin** at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletin.

Policy Title	Policy Type	Effective Date
<b>NEW</b>		
Habilitative Services for Essential Health Groups	CDG	Jan. 1, 2016
Helicobacter Pylori Serology Testing	Medical	Jan. 1, 2016
Rehabilitation Services (Outpatient)	CDG	Jan. 1, 2016
Site of Service for Certain Outpatient Surgical Procedures	URG	Jan. 1, 2016
<b>UPDATED/REVISED</b>		
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Jan. 1, 2016
Balloon Sinus Ostial Dilation	Medical	Jan. 1, 2016
Bariatric Surgery	Medical	Jan. 1, 2016
Breast Imaging for Screening and Diagnosing Cancer	Medical	Jan. 1, 2016
Breast Reconstruction Post Mastectomy	CDG	Jan. 1, 2016
Breast Reduction Surgery	CDG	Dec. 1, 2015
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Jan. 1, 2016
Cardiovascular Disease Risk Tests	Medical	Jan. 1, 2016
Discogenic Pain Treatment	Medical	Jan. 1, 2016
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	Jan. 1, 2016
Epidural Steroid and Facet Injections for Spinal Pain	Medical	Dec. 1, 2015



## UnitedHealthcare Commercial

Medical Policy, Drug  
Policy, Coverage  
Determination Guideline  
and Utilization Review  
Guideline Updates

Policy Title	Policy Type	Effective Date
Epiduroscopy, Epidural Lysis of Adhesions, and Functional Anesthetic Discography	Medical	Dec. 1, 2015
Femoroacetabular Impingement Syndrome	Medical	Jan. 1, 2016
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome	Medical	Jan. 1, 2016
Glaucoma Surgical Treatments	Medical	Jan. 1, 2016
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Dec. 1, 2015
Hip Resurfacing Arthroplasty	Medical	Dec. 1, 2015
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	URG	Jan. 1, 2016
Intensity-Modulated Radiation Therapy	Medical	Feb. 1, 2016
Omnibus Codes	Medical	Jan. 1, 2016
Oscillatory Positive Expiratory Pressure Devices	Medical	Dec. 1, 2015
Panniculectomy and Body Contouring Procedures	Medical	Dec. 1, 2015
Preventive Care Services	CDG	Jan. 1, 2016
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	CDG	Jan. 1, 2016
Remicade (Infliximab)	Drug	Dec. 1, 2015
Sodium Hyaluronate	Medical	Jan. 1, 2016
Specialty Medication Administration – Site of Care Review Guidelines	URG	Dec. 1, 2015 & Jan. 1, 2016

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.



## UnitedHealthcare Commercial UnitedHealth Premium® Designation Program: Reconsideration Process Enhancements

The UnitedHealth Premium reconsideration process gives physicians an opportunity to request a change or correction to certain quality and/or cost efficiency information included in their Premium program assessment. We have made the following enhancements to the reconsideration process:

### More value provided

When you submit a reconsideration request, you may include the detailed patient and episode information you feel is necessary to explain the reason for your request. Although not required, you may submit additional documentation to support your request for a correction or change.

Upon completion of our review, we will send you notification of your reconsideration results. You will be able to view the full, detailed status in your Reconsideration Results Report by logging on to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Quick Links > UnitedHealth Premium > Premium Reconsideration > Reconsideration Status. This report lists each item requested for correction or change with the corresponding reconsideration decision, and details of UnitedHealthcare's decision, including the information considered, relevant aspects of the program's methodology, and specific reasons for the final decision.

For more information on the reconsideration process and how to view your reconsideration results and your UnitedHealth Premium Assessment Reports, log in to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Quick Links > UnitedHealth Premium > Premium Reconsideration. We will have updated resource materials (e.g., reconsideration process, review, reconsideration how-to guide) for your review in February 2016.

### Reconsideration Submission End Date

The Premium program will continue to accept reconsideration requests until July 15, 2016.



For more information, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Quick Links > UnitedHealth Premium to find resources and tools that explain the program. You can also send us an email through the Contact Premium Program link, or call 866-270-5588.



## UnitedHealthcare Commercial Confidential Communication Protection for Members in Oregon

A “Confidential Communication” law in Oregon that became effective Jan. 1, 2016 will allow members to request their Protected Health Information (PHI) be sent to the member instead of the primary insured who pays for the member’s health insurance plan. Certain insurers and third-party administrators, including UnitedHealthcare, are required to communicate these new requirements to health care providers.

Members can request that they be contacted at a different mailing address, by email, or by phone. The law requires certain insurers and third-party administrators to allow members to do all of the following:

- Submit the standardized form entitled “Oregon Confidential Communication Request” which can be found on the Oregon Insurance Division website of the Department of Consumer and Business Services at [www.insurance.oregon.gov](http://www.insurance.oregon.gov).
- Acknowledge receipt of the member’s request form and respond to a member’s confidential communications request.
- Include with the acknowledgement any information the member needs about the effect of the request and the process for changing the status of the request.



If you would like to review the new law in detail, please visit: [www.oregon.gov/DCBS/insurance/legal/laws/Documents/id08-2015\\_rule](http://www.oregon.gov/DCBS/insurance/legal/laws/Documents/id08-2015_rule).

### UnitedHealthcare Participation for Individual Exchanges in 2016

As a reminder, UnitedHealthcare will offer the following commercial benefit plans on the Individual Exchange for 2016: UnitedHealthcare Charter, Choice, Compass and/ or Navigate. Offerings will vary by state. To view the plan requirements, as well as the UnitedHealthcare commercial products for 2016 Individual Exchanges, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > News > Individual Exchange Participation for 2016. The open enrollment period runs from Nov. 1, 2015 through Jan. 31, 2016 with coverage beginning as soon as Jan. 1, 2016.



## UnitedHealthcare Commercial

### Updates to Eligibility and Benefit EDI Transactions (270/271)

**As a result of the Affordable Care Act (ACA), UnitedHealthcare Commercial will be making changes to the Eligibility and Benefits inquiry (270) and response (271) Electronic Data Interchange (EDI) transactions.**

As of Jan. 1, 2016, the following information will be included, if applicable to the member's plan:

- **Out of Pocket Maximum 2 at the plan level:** The Plan has more than one out of pocket maximum. This is the amount the member pays before the plan begins to pay 100 percent of the allowed amount for covered services. The member's responsibility is the lowest amount indicated in either the out of pocket maximum or out of pocket maximum 2.
- **Copay Maximum at the plan level:** The Plan has a copay maximum for specific services. This maximum is the most a member pays for copays in a plan year.
- **Applied/Not Applied Towards Copay Maximum at the service level:** Designates whether the copayment counts towards the copay maximum.

UnitedHealthcare has notified our trading partners of this change; however, we encourage you to share this information with your vendor or clearinghouse.



More information can be found on our **website**. If you have any questions, please contact UnitedHealthcare EDI Support at 800-842-1109 or via our **EDI Transaction Support Form**.

## UnitedHealthcare Shared Services Expansion for GEHA

Through a shared services arrangement, UnitedHealthcare provides access to the UnitedHealthcare Options PPO Network to Government Employees Health Association (GEHA) members\*. As of Jan. 1, 2016, GEHA will be accessing UnitedHealthcare Options PPO provider contracts in the states of Arkansas, Indiana, Hawaii and Texas.

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

GEHA is the second-largest national health plan for civilian federal employees. Please check the back of the member's ID card for contact information.

For eligibility, summary of benefits, outpatient precertification requirements and claim status, call the dedicated self-service line at 877-343-1887 or email [uhss@umr.com](mailto:uhss@umr.com).

\*Alabama, Alaska, Colorado, Washington D.C., Delaware, Idaho, Iowa, Louisiana, Maryland, Mississippi, Montana, Minnesota, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, Wyoming





## UnitedHealthcare Commercial Changes to 2016 Out-of-Pocket Maximum Limits

**Updates have been made to annual out-of-pocket maximum limits for 2016 for UnitedHealthcare Commercial members in fully insured and self-insured plans.**

Out-of-pocket maximum is the total amount a member will spend for health care, after which the member's benefit plan pays for all covered medical expenses until the year ends. It does not include premiums and is not offset by employer contributions.

In May 2015, the Department of Health and Human Services imposed a ceiling on individual and family out-of-pocket maximums. The requirement is applicable for plans with coverage starting in 2016 and after.

### New 2016 Out-of-Pocket Maximum Limits for Fully Insured and Self-insured Plans:

Plan Type	Non-Health Saving Account (non-HSA) Plan
Individual	\$6,850
Family	\$13,700

### New 2016 Out-of-Pocket Maximum Limits for HSA plans:

Plan Type	HSA Plans
Individual	\$6,550
Family	\$13,100

**Inclusions:** The above limits apply to in-network out-of-pocket maximum limits for all plans that include a funded account for medical expenses including high-deductible health plans.

**Exclusions:** Grandfathered plans and 1-50 transitional relief groups\* are excluded.



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

\*Under the Centers for Medicare & Medicaid Services' extended transitional relief policy, small group employers with up to 100 employees may renew their non-compliant coverage for a policy year beginning on or before Oct 1, 2016. Transitional Relief only applies to groups that do not offer Affordable Care Act-compliant small group plans. Insurers will allow employer groups to modify their anniversary date or elect a short plan year in order to ultimately have an Oct. 1, 2016 anniversary date. Certain restrictions may apply to each insurer.



## UnitedHealthcare Commercial Reimbursement Policies



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, enrollee benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary 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 **UnitedHealthcareOnline.com > Tools & Resources > Policies and Protocols > Reimbursement Policies-Commercial**. In the event of an inconsistency between the information provided in the Network Bulletin and the posted policy, the posted policy prevails.



## **UnitedHealthcare Commercial Reimbursement Policies** **Change to Supply Policy – Bundling Code L8680** **with Code 63650 for UnitedHealthcare Commercial** **and Medicare Advantage Members**

To further align with the Centers for Medicare and Medicaid Services (CMS,) UnitedHealthcare will enhance the Supply Policy to deny HCPCS code L8680, Implantable neurostimulator electrode, when billed with Current Procedural Terminology (CPT) code 63650, Percutaneous implantation of neurostimulator electrode array, epidural, in an office or non-facility place of service. This is effective for UnitedHealthcare Commercial and Medicare Advantage members for claims with dates of service on or after May 1, 2016.

CMS has not allowed HCPCS code L8680 to be separately reimbursed as payment for the electrodes as they have been incorporated in CPT code 63650 for implantation of neurostimulator devices since 2014. In so doing, CMS tripled the non-facility Relative Value Units (RVUs) for CPT code 63650 in 2014 to include reimbursement for electrodes reported with HCPCS code L8680 when the procedure is performed in a physician or health care professional's office. In adopting this policy, UnitedHealthcare will increase the non-facility fees for 63650 for physician fee schedules based on CMS fee schedules prior to 2014 to align with CMS methodology to include the payment for electrodes. Those physician fee schedules based on 2014 and later will not be adjusted, as 63650 already includes the payment for the electrodes.



## UnitedHealthcare Community Plan Medical Policy & Coverage Determination Guideline Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 Medical Policy Update Bulletin** at [UHCommunityPlan.com](http://UHCommunityPlan.com) > **Provider Information** > **UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines**.



## UnitedHealthcare Community Plan

Medical Policy &  
Coverage Determination  
Guideline Updates

Policy Title	Policy Type	Effective Date
<b>NEW</b>		
Helicobacter Pylori Serology Testing	Medical	March 1, 2016
<b>UPDATED/REVISED</b>		
Abnormal Uterine Bleeding and Uterine Fibroids	Medical	Jan. 1, 2016
Balloon Sinus Ostial Dilation	Medical	Feb. 1, 2016
Bariatric Surgery	Medical	Feb. 1, 2016
Breast Imaging for Screening and Diagnosing Cancer	Medical	Jan. 1, 2016
Breast Reconstruction Post Mastectomy	CDG	Jan. 1, 2016
Breast Reduction Surgery	CDG	Dec. 1, 2015
Breast Repair/Reconstruction Not Following Mastectomy	CDG	Jan. 1, 2016
Cardiovascular Disease Risk Tests	Medical	Feb. 1, 2016
Discogenic Pain Treatment	Medical	Feb. 1, 2016
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Medical	Feb. 1, 2016
Epidural Steroid and Facet Injections for Spinal Pain	Medical	Dec. 1, 2015
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Medical	Dec. 1, 2015
Femoroacetabular Impingement Syndrome	Medical	Feb. 1, 2016
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome	Medical	Jan. 1, 2016
Glaucoma Surgical Treatments	Medical	Feb. 1, 2016
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Medical	Dec. 1, 2015
Hip Resurfacing Arthroplasty	Medical	Dec. 1, 2015
Intensity-Modulated Radiation Therapy	Medical	Feb. 1, 2016
Intensive Behavioral Therapy for Autism Spectrum Disorder	Medical	Jan. 1, 2016



## UnitedHealthcare Community Plan

Medical Policy &  
Coverage Determination  
Guideline Updates

Policy Title	Policy Type	Effective Date
Omnibus Codes	Medical	Jan. 1, 2016
Oral and Enteral Nutrition	CDG	Dec. 1, 2015
Oscillatory Positive Expiratory Pressure Devices	Medical	Dec. 1, 2015
Panniculectomy & Body Contouring Procedures	CDG	Dec. 1, 2015
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs	CDG	Feb. 1, 2016
Sodium Hyaluronate	Medical	Feb. 1, 2016

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.

### UnitedHealthcare Community Plan of Ohio Reimbursement of Hospital-Grade Breast Pumps, HCPCS E0604

Effective March 5, 2016, UnitedHealthcare Community Plan of Ohio will require medical documentation for reimbursement of a hospital-grade breast pump, HCPCS E0604, if use is needed beyond a 90-day period, per Ohio Department of Medicaid rules.

UnitedHealthcare Community Plan of Ohio will continue to cover the purchase of a personal-use electric breast pump, HCPCS code E0603.



If you have any comments or questions regarding this policy change, please feel free to call Provider Services at 888-362-3368.



## UnitedHealthcare Community Plan Injectable Chemotherapy Prior Authorization Program for UnitedHealthcare Community Plans in Maryland and Washington

In an effort to improve health care experiences outcomes and total cost of care for UnitedHealthcare Community Plan members, prior authorization will be required for injectable outpatient chemotherapy drugs given for a cancer diagnosis, effective April 1, 2016, for UnitedHealthcare Community Plan members in Maryland and Washington.

Today, UnitedHealthcare uses the National Comprehensive Cancer Network Guidelines in our oncology decision making. We have contracted with eviCore healthcare to provide a web-based application to review chemotherapy regimens.



Additional information about this program will be available in future Network Bulletins. For more information on the UnitedHealthcare Injectable Chemotherapy Prior Authorization program, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Clinician Resources > Oncology > Chemotherapy (Injectable) Prior Authorization Program.



## UnitedHealthcare Medicare Solutions Medicare Advantage Coverage Summary Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 Medicare Advantage Coverage Summary Update Bulletin** at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > **Tools & Resources** > **Policies, Protocols and Guides** > **UnitedHealthcare Medicare Advantage Coverage Summaries** > **Update Bulletin**.





## UnitedHealthcare Medicare Solutions

Medicare Advantage Coverage Summary Updates

Policy Title
UPDATED/REVISED (Approved on Nov. 17, 2015)
Abortion
Alcohol, Chemical and/or Substance Abuse - Detoxification and Rehabilitation
Blood, Blood Products and Related Procedures and Drugs
Change in Membership Status while Hospitalized (Acute, LTC and SNF) or Receiving Home Health
Chemotherapy, and Associated Drugs and Treatments
Court, Attorney or Agency Requested Services
Dental Services, Oral Surgery and Treatment of Temporomandibular Joint
Diagnostic Pap Smear
Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Emergent/Urgent Services, Post-stabilization Care and Out-of-Area Services
Family Planning (Birth Control)
Foot Care Services
Genetic Testing
Hearing Aids, Auditory Implants and Related Procedures
Hyperbaric Oxygen Therapy
Laboratory Tests and Services
Medications/Drugs (Outpatient/Part B)
Ostomy Supplies
Positron Emission Tomography (PET)/Combined PET-CT (Computed Tomography)
Radiologic Therapeutic Procedures
Services While Confined/Incarcerated
Spine Procedures



## UnitedHealthcare Medicare Solutions

Medicare Advantage  
Coverage Summary  
Updates

### Policy Title

Uterine Services and Procedures

Vertebral Artery Surgery

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.

### 2016 UnitedHealth Passport® – Health Care Benefit While Traveling

The UnitedHealth Passport travel benefit allows members in eligible plans to receive non-emergency covered services from a participating Passport care provider at the in-network copayment or coinsurance when traveling outside their home service area. Coverage is available in certain areas within the United States and services include preventive care and applicable optional supplemental benefits for up to nine consecutive months of travel.

Passport is offered with no additional monthly premium as part of many UnitedHealthcare MedicareComplete® individual plans and UnitedHealthcare Group Medicare Advantage plans.

For answers to frequently asked questions on the 2016 UnitedHealth Passport benefit, go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Medicare > HMO, POS & PPO > **2016 UnitedHealth Passport Benefit**. It can help you:

- Understand the Passport benefit.
- Verify your participation with Passport.
- Confirm member eligibility.
- Collect the applicable network copay or coinsurance.
- View the complete list of counties and states where Passport is available.



## UnitedHealthcare Medicare Solutions IMRT Simulation Update

The American Medical Association (AMA) Relative Value Scale Update Committee (RUC) has indicated that the work process involved in creating an intensity-modulated radiation therapy (IMRT) treatment plan includes all simulation services performed in the development of the IMRT plan, and the practice expense relative value units associated with CPT code 77290 are already included in the valuation of CPT code 77301. Effective for claims with dates of service on or after April 4, 2016 UnitedHealthcare Medicare Advantage will not reimburse for CPT codes 77280, 77285 and 77290 for radiation therapy for a member during the development of the IMRT plan (on the same or different dates of service).

Effective Jan. 1, 2014, the National Correct Coding Initiative (NCCI) Policy Manual was updated to indicate that the same date of service procedure-to-procedure edits between CPT code 77301 and pre-IMRT plan simulation codes would be extended to include all simulation activities associated with the development of the IMRT plan whether these procedures are reported on the same or different dates of service. Payment for the simulation services is included in the payment for IMRT planning when simulation is performed as a part of developing an IMRT plan. Under these circumstances, simulation CPT codes 77280, 77285, and 77290 should not be billed in addition to CPT 77301 for IMRT planning.

The UnitedHealthcare Medicare IMRT reimbursement policy has been updated to be consistent with the NCCI manual National Correct Coding Initiative (NCCI) Policy Manual.



## UnitedHealthcare Affiliates

### UnitedHealthcare Oxford Medical and Administrative Policy Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 Policy Update Bulletin** at [OxfordHealth.com](http://OxfordHealth.com) > [Providers](#) > [Tools & Resources](#) > [Medical Information](#) > [Medical and Administrative Policies](#) > [Policy Update Bulletin](#).



## UnitedHealthcare Affiliates

UnitedHealthcare  
Oxford Medical and  
Administrative Policy  
Updates

Policy Title	Policy Type	Effective Date
<b>NEW</b>		
Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction	Reimbursement	March 1, 2016
Site of Service Guidelines for Certain Outpatient Surgical Procedures	Clinical	Jan. 1, 2016
<b>UPDATED/REVISED</b>		
Abnormal Uterine Bleeding and Uterine Fibroids	Clinical	Jan. 1, 2016
Bariatric Surgery	Clinical	Jan. 1, 2016
Breast Imaging for Screening and Diagnosing Cancer	Clinical	Jan. 1, 2016
Breast Reconstruction Post Mastectomy	Clinical	Jan. 1, 2016
Breast Repair/Reconstruction (Not Following a Mastectomy)	Clinical	Jan. 1, 2016
Cardiovascular Disease Risk Tests	Clinical	Jan. 1, 2016
Diabetes Medications	Clinical	Jan. 1, 2016
Diabetic Test Strips and Meters	Clinical	Jan. 1, 2016
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	Jan. 1, 2016
Drug Coverage Guidelines	Clinical	Jan. 1, 2016
Epidural Steroid and Facet Injections for Spinal Pain	Clinical	Dec. 1, 2015
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC)	Clinical	Jan. 1, 2016
Glaucoma Surgical Treatments	Clinical	Jan. 1, 2016
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	Clinical	Jan. 1, 2016
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	Clinical	Feb. 1, 2015
Injection and Infusion Services	Reimbursement	Jan. 1, 2016



## UnitedHealthcare Affiliates

UnitedHealthcare  
Oxford Medical and  
Administrative Policy  
Updates

Policy Title	Policy Type	Effective Date
Lupron-Depot / Lupron-Depot Ped (Leuprolide Acetate)	Clinical	Jan. 1, 2016
Maximum Frequency Per Day	Reimbursement	Jan. 1, 2016
Moderate Sedation	Reimbursement	Jan. 1, 2016
Omnibus Codes	Clinical	Jan. 1, 2016
Orthopedic Services	Administrative	Jan. 1, 2016
Panniculectomy and Body Contouring Procedures	Clinical	Dec. 1, 2015
Precertification Exemptions for Outpatient Services	Administrative	Jan. 1, 2016
Prescription Drug Quantity Duration and Quantity Level Limitations	Clinical	Jan. 1, 2016
Preventive Care Services	Clinical	Jan. 1, 2016
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Administrative	Dec. 1, 2015
Proton Pump Inhibitors	Clinical	Jan. 1, 2016
Remicade (Infliximab)	Clinical	Dec. 1, 2015
Sandostatin Lar Depot (Octreotide Acetate)	Clinical	Jan. 1, 2016
Site of Service Differential	Administrative	Jan. 1, 2016
Specialty Medication Administration – Site of Care Review Guidelines	Clinical	Dec. 1, 2015
		Jan. 1, 2016
Supply Policy	Reimbursement	Jan. 1, 2016
Telemedicine	Reimbursement	Jan. 1, 2016
Vagus Nerve Stimulation	Clinical	Dec. 1, 2015
Virtual Upper Gastrointestinal Endoscopy	Clinical	Dec. 1, 2015

**Note:** The inclusion of a service or procedure on this list does not imply that Oxford provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.



## UnitedHealthcare Affiliates

### UnitedHealthcare of the River Valley

### Preauthorization List and Coverage Policy Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 Policy Update Bulletin** at [UHCRiverValley.com](http://UHCRiverValley.com) > **Providers** > **Coverage Policy Library** > **Policy Update Bulletin**.

Policy Title	Policy Type
<b>TAKE NOTE ARTICLE</b>	
Updated Prior Authorization List and Coverage Policies for UnitedHealthcare of the River Valley	Feb. 1, 2016
<b>NEW</b>	
Site of Service for Certain Outpatient Surgical Procedures	Jan. 1, 2016
<b>UPDATED/REVISED</b>	
Abnormal Uterine Bleeding and Uterine Fibroids	Jan. 1, 2016
Balloon Sinus Ostial Dilation	Jan. 1, 2016
Bariatric Surgery	Jan. 1, 2016
Breast Imaging for Screening and Diagnosing Cancer	Jan. 1, 2016
Breast Reconstruction Post-Mastectomy	Jan. 1, 2016
Breast Reduction Surgery	Jan. 1, 2016
Breast Repair/Reconstruction (Not Following Mastectomy)	Jan. 1, 2016
Cardiovascular Disease Risk Tests	Jan. 1, 2016
Discogenic Pain Treatment	Jan. 1, 2016
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Jan. 1, 2016
Epidural Steroid and Facet Injections for Spinal Pain	Dec. 1, 2015
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Dec. 1, 2015



## UnitedHealthcare Affiliates

UnitedHealthcare  
of the River Valley  
Preauthorization List  
and Coverage Policy  
Updates

Policy Title	Policy Type
Femoroacetabular Impingement Syndrome	Jan. 1, 2016
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome	Jan. 1, 2016
Glaucoma Surgical Treatments	Jan. 1, 2016
Hearing Aids and Other Devices Including Wearable, Bone Anchored and Semi-Implantable	Dec. 1, 2015
Hip Resurfacing Arthroplasty	Dec. 1, 2015
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	Jan. 1, 2016
Intensity-Modulated Radiation Therapy	Feb. 1, 2016
Omnibus Codes	Jan. 1, 2016
Preventive Care Services	Jan. 1, 2016
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Jan. 1, 2016
Remicade® (Infliximab)	Dec. 1, 2015
Sandostatin®/Sandostatin LAR® (Octreotide Acetate)	Dec. 1, 2015
Sodium Hyaluronate	Jan. 1, 2016
Specialty Medication Administration – Site of Care Review Guidelines	Dec. 1, 2015
	Jan. 1, 2016
Total Artificial Disc Replacement for the Spine	Jan. 1, 2016

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.





## UnitedHealthcare Affiliates

### SignatureValue Benefit Interpretation Policy Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 SignatureValue™ Benefit Interpretation Policy Update Bulletin** at [UHCWest.com](http://UHCWest.com) > Provider Log In > Library > Resource Center > Guidelines & Interpretation Manuals.

Policy Title	Applicable State(s)
UPDATED/REVISED (Effective Jan. 1, 2015)	
Dental Care and Oral Surgery	All (California, Oklahoma, Oregon, Texas, & Washington)
Diagnostic and Therapeutic Radiology Services	All
Enteral and Oral Nutritional Therapy	All
Gender Dysphoria (Gender Identity Disorder) Treatment	California
Maternity and Newborn Care	All
Member Initiated Second and Third Opinion	All
Telemedicine/Telehealth Services	All

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.



## UnitedHealthcare Affiliates SignatureValue Medical Management Guideline Updates



For complete details on the policy updates listed in the following table, please refer to the **December 2015 SignatureValue™ Medical Management Guidelines Update Bulletin** at [UHCWest.com](http://UHCWest.com) > Provider Log In > Library > Resource Center > Guidelines & Interpretation Manuals.

Policy Title	Effective Date
<b>UPDATED/REVISED</b>	
Abnormal Uterine Bleeding and Uterine Fibroids	Jan. 1, 2016
Balloon Sinus Ostial Dilation	Jan. 1, 2016
Bariatric Surgery	Jan. 1, 2016
Breast Imaging for Screening and Diagnosing Cancer	Jan. 1, 2016
Breast Reconstruction Post Mastectomy	Jan. 1, 2016
Breast Repair/Reconstruction Not Following Mastectomy	Jan. 1, 2016
Cardiovascular Disease Risk Tests	Jan. 1, 2016
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Dec. 1, 2015
Discogenic Pain Treatment	Jan. 1, 2016
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Jan. 1, 2016
Epidural Steroid and Facet Injections for Spinal Pain	Dec. 1, 2015
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Dec. 1, 2015
Femoroacetabular Impingement Syndrome	Jan. 1, 2016
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome	Jan. 1, 2016
Glaucoma Surgical Treatments	Jan. 1, 2016



## UnitedHealthcare Affiliates SignatureValue Medical Management Guideline Updates

Policy Title	Effective Date
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Dec. 1, 2015
Hip Resurfacing Arthroplasty	Dec. 1, 2015
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	Jan. 1, 2016
Intensity-Modulated Radiation Therapy	Feb. 1, 2016
Mechanical Circulatory Support Device	Dec. 1, 2015
Omnibus Codes	Jan. 1, 2016
Panniculectomy and Body Contouring Procedures	Dec. 1, 2015
Preventive Care Services	Jan. 1, 2016
Sodium Hyaluronate	Jan. 1, 2016
Specialty Medication Administration – Site of Care Review Guidelines	Jan. 1, 2016

**Note:** The inclusion of a service or procedure on this list does not imply that UnitedHealthcare provides coverage for the service or procedure. In the event of an inconsistency between the information in this Bulletin and the posted policy, the posted policy prevails.



## UnitedHealthcare Affiliates

### UnitedHealthcare Infertility Program Update

It was previously communicated in the July 2015 Network Bulletin that UnitedHealthcare would require prior authorization for certain infertility services for UnitedHealthcare Life Insurance Company and Golden Rule Insurance Company members, effective Oct. 1, 2015. This has been delayed and will become effective April 4, 2016. UnitedHealthcare of the River Valley members will not be included in the Managed Infertility Prior Authorization Program.

The Managed Infertility Prior Authorization Program requires prior authorization of infertility services prior to the start of initial treatment and for subsequent treatment cycles. It is intended to promote both quality and continuity of care, and to support the patient through every aspect of the infertility process.

Please fax prior authorization requests along with supporting clinical information to 855-349-8479. You may also call 888-936-7246 to submit a prior authorization request.



For more information, including a list of frequently asked questions and answers as well as a complete list of services requiring prior authorization, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) < Clinician Resources < Women's Health < Managed Infertility Prior Authorization Program.