

DECEMBER 2019

network bulletin

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

Enter



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

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



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Enhancements to the Prior Authorization and Notification Tool on Link

In October 2019, we began a journey to enhance functionality in our on line Prior Authorization and Notification tool on Link. The new functionality is designed to streamline your overall online prior authorization submission process and improve our process times. We launched this new functionality for certain prior authorization categories throughout October and November:

- **Therapy Evaluations and Re-evaluations** for UnitedHealthcare Community Plan members in Ohio, Nebraska and New York
- **Sleep Studies, Sleep Apnea Procedures and Surgeries** for all lines of business (Excludes UnitedHealthcare Mid-Atlantic Health Plan, Neighborhood Health Partnership, River Valley, All Savers, Oxford and UnitedHealthcare West)
- **Site of Service for Office-based program and Outpatient Hospital** for UnitedHealthcare commercial plans and UnitedHealthcare Community Plan. (Excludes UnitedHealthcare Mid-Atlantic Health Plan, Neighborhood Health Partnership, River Valley, All Savers, Oxford and UnitedHealthcare West)
- **Site of Service Reviews for Certain Surgical Procedures** for UnitedHealthcare commercial plans and UnitedHealthcare Community Plan. (Excludes UnitedHealthcare Mid-Atlantic Health Plan, Neighborhood Health Partnership, River Valley, All Savers, Oxford and UnitedHealthcare West)
 - o See previous issues of the Network Bulletin for UnitedHealthcare Community Plan state-specific implementation dates at UHCprovider.com/en/resource-library/news.html
- **Electrical and Ultrasound Bone Growth Stimulators (Electromagnetic) and Hip Resurfacing and Replacement Surgery (Arthroplasty)** for UnitedHealthcare Community Plan members

- **Hysterectomy for Benign Conditions and Implanted Electrical Stimulator for Spinal Cord for UnitedHealthcare commercial plans** (Excludes UnitedHealthcare Mid Atlantic Health Plan, Neighborhood Health Partnership, River Valley, All Savers, Oxford, and UnitedHealthcare)

We'll continue to add additional prior authorization service categories. For the latest service category launch dates, system functionality and training, access the Interactive Guide for Prior Authorization and Notification Tool at UHCprovider.com/paan. It includes:

- Affected service categories
- Clinical information necessary for submission
- What's the same or different
- Frequently Asked Questions

Getting Started with Our Prior Authorization and Notification Tool

If you haven't used our Prior Authorization and Notification tool before, you can learn more at UHCprovider.com/paan.



To access the tool, you'll need an Optum ID. Go to UHCprovider.com/newuser to get started. If you need help, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, from 7 a.m. to 9 p.m. Central Time, Monday through Friday.

In the coming months, we'll also unveil a new look and feel of the prior authorization user interface tool to help simplify your use and enhance your overall prior authorization online experience. This new design re-organizes and streamlines the initial authorization submission entry point.

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UnitedHealthcare Preferred Lab Network Inviting Labs to Apply

The annual application process for admission to the UnitedHealthcare Preferred Lab Network is now open. The network features currently contracted laboratory care providers who have met higher standards for access, cost, data, quality and service. These standards help us work with the labs to improve the care provider and member experience.

We're reaching out to free-standing labs already participating in the UnitedHealthcare network and inviting them to apply to join the Preferred Lab Network program. In the summer of 2020, we'll announce more information about the program, along with the labs that will be included in the Preferred Lab Network.

New Online Peer-to-Peer Scheduling Request Form Available In Mid-December

Scheduling with Ease

We're excited to announce an online opportunity for you to schedule peer-to-peer conversations that will be available in mid-December. We know the peer-to-peer process sometimes can be a challenge. That's why we are making the online scheduling faster for you and your staff. To help simplify the scheduling process, we've updated our Peer-to-Peer Scheduling Request form with the ability to submit it directly from the website.

What This Means to You

We want to give you the opportunity to speak with UnitedHealthcare medical directors when it's convenient for you. We want to establish a collegial conversation and work together to provide the best care for your patients who are our members.

The form will be located [here](#).

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Tune In to UHC On Air

UHC On Air continues to be your one-stop resource for live and on-demand video broadcasts that provide in-depth program information and meaningful updates from UnitedHealthcare to watch anywhere, anytime, from any device. You can hear from UnitedHealthcare experts, review the latest processes and procedures to help ensure compliance and learn what's new in your market. Some programs also provide continuing education credits.

Through a collaboration of UnitedHealthcare Population Health and Optum Risk Quality and Network Solutions, we continue to expand the **Provider Center for Education channel**, providing support to care provider groups with a focus on quality improvements. One of the best ways we can assist care providers is to provide innovative, easy-to-use technology to help practices improve quality and processes for their members.

Many new programs have been added and include topics such as *Preventing Provider Burnout*, *High Risk Patient Care* (0.5 AAPC CEU) and *Annual Wellness Visits* (0.5 AAPC CEU), in addition to existing favorites such as *Influenza Prevention* (1 AAPC CEU) and *Accurate Diagnosis, Documentation & Coding* (1 AAPC CEU). We're continuously working to add new, relevant and helpful programs to the channel. If you have program topic ideas, contact uhconair@uhc.com.



To Access UHC On Air, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com, then select the UHC On Air tile from your Link dashboard. You can then choose the Provider Center for Education channel. For more information, visit UHCprovider.com/uhconair.

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

A pharmacy bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare commercial and UnitedHealth Oxford commercial plans. To view it, go to UHCprovider.com/pharmacy.

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HEDIS® 2020 Medical Record Collection

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

Providing Medical Records

If you have patients who are part of the HEDIS® 2020 cycle, a health information organization working for us may contact you to arrange the medical record collection method that's most convenient for you – in person, fax, mail or electronic. These organizations include Advantmed, Change Healthcare and Optum/CiOX.

Provide these records as soon as possible to comply with federal, state and UnitedHealthcare accreditation requirements. Our members are randomly selected for each medical record collection cycle, so patients from your practice may not be included for the HEDIS® 2020 cycle.

While we'll do everything we can to minimize disruption to your practice, multiple appointments may be needed to complete collection. The following suggestions may help make medical record collection more efficient:

- Confirm the date/time of your appointment and the name of the reviewer.
- Designate a work area for the reviewer and have the requested medical records available.
- Ask if the reviewer will need to make copies of the records; if so, make a copy machine available.
- Provide any faxed, mailed or electronic records in the time requested.
- Notify the health information organization as soon as possible if a requested medical record is not available.

Key Facts about the HEDIS® Medical Record Collection Process

- The indicated HEDIS® year reflects the year the medical record is collected rather than the year the care was given. For example, for the HEDIS® 2020 cycle, we collect records for services rendered in 2019 or earlier.
- If you're contacted, respond within five business days to indicate your preference for medical record collection.
- Our health information organizations are subject to privacy, confidentiality and Health Insurance Portability and Accountability Act (HIPAA) business associate requirements. The HIPAA privacy rule allows for exchange of confidential patient information to conduct treatment, payment or health care operations and may occur without written consent or authorization by the patient between covered entities and UnitedHealthcare.
- If a patient's chart included on the list we provide to you is not available at your practice location, or if a patient listed has never received services from your practice, alert the listed contact person immediately.



You can find out more about medical record collection by visiting UHCprovider.com > Menu > Resource Library > Patient Health and Safety > [HEDIS®](#).

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

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OptumRx Retiring Fax Numbers Used for Pharmacy Prior Authorizations on Dec. 31

OptumRx® is going digital and will retire fax numbers used to submit pharmacy prior authorization requests on Dec. 31, 2019. This is part of our ongoing effort to simplify administrative activities, increase accuracy of prior authorization requests and enable faster coverage determinations.

As of early November 2019, we've sent fax notifications to all care providers with retirement dates for the following fax numbers:

800-527-0531

800-203-1664

800-382-8135

855-806-3524

855-806-3525

855-806-3526

How to Submit Prior Authorization Requests to OptumRx

Simplify your prior authorization experience by submitting your requests via electronic prior authorization (ePA). We've partnered with various providers, including CoverMyMeds® and Surescripts®, helping to make it easier for you to submit an ePA through the vendor of your choice. Get started today through the OptumRx website at professionals.optumrx.com > **Prior authorizations** > **Submit a prior authorization**.

To comply with federal and state requirements, we'll accept fax prior authorizations for Medicare Part D, for states with their own mandated prior authorization forms and for Massachusetts, Rhode Island, South Carolina and Texas. To obtain a fax prior authorization form, go to our website or call the OptumRx prior authorization team.

Questions?



If you're unable to submit requests online or need additional information, call the OptumRx prior authorization team at **800-711-4555**, 5 a.m. – 10 p.m. Pacific Time, Monday – Friday.

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Radiology Program Procedure Code Changes — Effective March 1, 2020

Effective March 1, 2020, UnitedHealthcare will update the procedure code list for the radiology notification and prior authorization programs to include a code related to Magnetic Resonance Elastography (MRE). Claims with dates of service on or after March 1, 2020, will be subject to these changes.

| Code | Code Description |
|-------|---------------------------------------|
| 76391 | Magnetic Resonance Elastography (MRE) |

For the most current list of CPT codes for which notification/prior authorization is required, go to UHCprovider.com/radiology > Specific Radiology Programs.

These requirements don't apply to advanced imaging procedures provided in the emergency room, urgent care center, observation unit or during an inpatient stay.

Questions?



For details on this radiology protocol, refer to the current **UnitedHealthcare Care Provider Administrative Guide** available online at UHCprovider.com/en/admin-guides.html.

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

Changes to Advance Notification and Prior Authorization Requirements

View the Upcoming Changes to Advance Notification and Prior Authorization Requirements bulletin to get the latest updates to our advance notification and prior authorization requirements. The bulletin is available at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > [2019 Summary of Changes](#).

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

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

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Dual Special Needs Plan Policy Changes for 2020

Beginning Jan. 1, 2020, the Centers for Medicare & Medicaid Services (CMS) will implement policy and technical changes to the Medicare Advantage program, including two clarified requirements to enhance coordination and integration between Dual Special Needs Plans (DSNPs) and the Medicaid program. These two requirements will apply to all DSNPs:

1. Helping DSNP members, including behavioral health and long-term services and supports members (LTSS), coordinate their Medicaid benefits.
2. Assisting DSNP members with resolving Medicaid coverage problems, including grievances and appeals coordination.
 - o DSNPs must also:
 - Provide specific details and coaching on the roles of the Medicaid program.
 - Offer additional support if needed.
 - Document the assistance provided to a member.

The two requirements are a new interpretation by CMS of language in the Social Security Act, which outlines that DSNPs must “arrange for benefits to be provided, for which such individual is entitled to receive Medicaid assistance under Title XIX.” This includes assisting unaligned members who receive their Medicaid benefits through another entity outside UnitedHealthcare.

For the last few months, UnitedHealthcare has been actively reviewing processes to help ensure we comply with these requirements. Preparation has included creating new standard operating procedures or updating current ones, training employees on the new requirements and educating them on Medicaid programs at a member and Medicaid benefit level.

What Does This Mean for Care Providers?

- As UnitedHealthcare rolls out enhanced coordination and integration processes, we will need care providers to be a partner in providing documentation or information for an appeal and assist with coordinate services for our DSNP members.
- We strive to create strong links among programs, whether a member has aligned or unaligned membership.
 - o Aligned: UnitedHealthcare has both Medicare Advantage and Medicaid members.
 - o Unaligned: UnitedHealthcare has one of the memberships, another managed care organization (MCO) or Fee-for-Service has the other membership.
 - o We thank you for your assistance in helping improve the member experience with appropriate member care and protections, while promoting quality of care.

The CMS rule is available online at [federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare](https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare).

UnitedHealthcare values your partnership in delivering the best possible service to our members.

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Medical Policy Updates

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

UnitedHealthcare Commercial & Affiliates

[UnitedHealthcare Commercial Medical Policy Update Bulletin: December 2019](#)

[UnitedHealthcare Oxford Policy Update Bulletin: December 2019](#)

[UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: December 2019](#)

[UnitedHealthcare West Medical Management Guideline Update Bulletin: December 2019](#)

UnitedHealthcare Community Plan

[UnitedHealthcare Community Plan Medical Policy Update Bulletin: December 2019](#)

UnitedHealthcare Medicare Advantage

[Medicare Advantage Coverage Summary Update Bulletin: December 2019](#)

[Medicare Advantage Policy Guideline Update Bulletin: December 2019](#)

UnitedHealthcare Dental

[Dental Policy Update Bulletin: December 2019](#)

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Genetic and Molecular Testing Prior Authorization/Notification Updates

Beginning March 1, 2020, UnitedHealthcare will require prior authorization/notification for additional codes as part of the online prior authorization/notification program for genetic and molecular testing performed in an outpatient setting.

New CPT codes included in the program:

| CPT Code | Description |
|----------|--|
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities |
| 81307 | PALB2 (Partner and Localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; full gene sequence |
| 81308 | PALB2 (Partner and Localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; known familial variant |
| 81309 | PIK3CA (Phosphatidylinositol-4, 5-Biophosphate 3-Kinase, catalytic subunit alphas (e.g., colorectal and breast cancer) gene analysis, targeted sequence analysis (e.g., Exons 7, 9, 20) |
| 81522 | Oncology (breast), MRNA, gene expression profiling by RT-PCR OF 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score |
| 81542 | Oncology (prostate), MRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score |
| 81552 | Oncology (uveal melanoma), MRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis |
| 87505 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| 87506 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets |

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Genetic and Molecular Testing Prior Authorization/Notification Updates

| CPT Code | Description |
|----------|---|
| 87507 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets |
| 0152U | Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms |
| 87510 | Infectious agent detection by nucleic acid (DNA OR RNA); Gardnerella vaginalis, direct probe technique |
| 87511 | Infectious agent detection by nucleic acid (DNA OR RNA); Gardnerella vaginalis, amplified probe technique |
| 87512 | Infectious agent detection by nucleic acid (DNA OR RNA); Gardnerella vaginalis, quantification |
| 87660 | Infectious agent detection by nucleic acid (DNA OR RNA); Trichomonas vaginalis, direct probe technique |
| 87661 | Infectious agent detection by nucleic acid (DNA OR RNA); Trichomonas vaginalis, amplified probe technique |
| 87797 | Infectious agent detection by nucleic acid (DNA OR RNA); Not otherwise specified; direct probe technique, each organism |
| 87798 | Infectious agent detection by nucleic acid (DNA OR RNA); Not otherwise specified; amplified probe technique, each organism |
| 87799 | Infectious agent detection by nucleic acid (DNA OR RNA); Not otherwise specified; quantification, each organism |
| 87800 | Infectious agent detection by nucleic acid (DNA OR RNA); Multiple organisms, direct probe(s) technique |

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Genetic and Molecular Testing Prior Authorization/Notification Updates

| CPT Code | Description |
|----------|--|
| 87801 | Infectious agent detection by nucleic acid (DNA OR RNA); Multiple organisms, amplified probe(s) technique |
| 0097U | Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteropathogenic Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V]) |
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA); candida species, direct probe technique |
| 87481 | Infectious agent detection by nucleic acid (DNA or RNA); candida species, amplified probe technique |
| 87482 | Infectious agent detection by nucleic acid (DNA or RNA); candida species, quantification |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), low-risk types (EG, 6, 11, 42, 43, 44) |
| 87652 | Infectious agent detection by nucleic acid (DNA OR RNA); streptococcus, group A, quantification |
| 0115U | Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected |
| 0098U | Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae) |

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Genetic and Molecular Testing Prior Authorization/Notification Updates

| CPT Code | Description |
|----------|---|
| 0099U | Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae) |
| 0100U | Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae) |
| 0068U | Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species |

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Outpatient Injectable Chemotherapy and Related Cancer Therapies Prior Authorization/Notification Updates

Beginning March 1, 2020, UnitedHealthcare will require prior authorization/notification for an additional code as part of the online prior authorization/notification program for outpatient injectable chemotherapy and related cancer therapies.

This additional code will require prior authorization for UnitedHealthcare commercial plan, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage members who require prior authorization today for outpatient injectable chemotherapy and related cancer therapies for a cancer diagnosis:

- J0642 - Injection, levoleucovorin (Khapzory)

If a member receives these drugs in an outpatient setting between Dec. 1, 2019 and Feb. 28, 2020, you don't need to request prior authorization until you administer a new chemotherapy drug or related cancer therapy. We'll authorize the drug that the member was receiving before March 1, 2020. The authorization will be accessible through the Prior Authorization and Notification Application and will be effective until Feb. 28, 2021.

Additionally, it had previously been announced that effective Jan. 1, 2020, Decitabine (J0894), Lanreotide (J1930), Octreotide (J2353), Octreotide acetate (J2354) and Ibritumomab tiuxetan (A9543) would require prior authorization. These codes will not require prior authorization on Jan. 1, 2020, and instead will require prior authorization on a later date to be announced in a future Network Bulletin.

As a reminder, you only need to request a new prior authorization for outpatient injectable chemotherapy and related cancer therapies for a member in January 2020 if: (1) the member's insurance changes, (2) there's a change in treatment, or (3) the existing authorization expires.



You can review the expiration date for authorizations called in or entered through our prior authorization website at UHCprovider.com/priorauth.

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Important Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

As part of our ongoing efforts towards achieving better health outcomes, improving patient experience and lowering the cost of care, we're expanding our notification/prior authorization requirements and service medical necessity reviews to apply to certain surgical CPT® codes.

Effective for dates of service on or after **Feb. 1, 2020**, we'll reinstate the surgical CPT codes that we announced would be removed from notification/prior authorization requirements and site of service reviews in the [November edition of the Network Bulletin](#). On **Feb. 1, 2020** the codes listed [here](#) will become effective, and on **March 1, 2020** the codes listed [here](#) will become effective. This means notification/prior authorization is required for these surgical CPT codes, and these codes will be subject to site of service medical necessity reviews, if the procedure will be performed in an outpatient hospital setting.

What's Changing

- Effective for dates of service on or after **Feb. 1, 2020**, we'll expand our notification/prior authorization requirements to include the surgical codes referenced [here](#).
- Effective for dates of service on or after **March 1, 2020**, we'll expand our notification/prior authorization requirements to include the surgical codes referenced [here](#).
- Both of these changes will take effect on or after **March 1, 2020** for California, Connecticut, Georgia, Iowa, Kansas, Maine, Nebraska, New Hampshire, New Jersey, New York, North Carolina, South Carolina and Vermont, and on or after **April 1, 2020** for Colorado.
- The following states are excluded from the notification/prior authorization requirements and site of service medical necessity reviews for the surgical codes referenced above: Alaska, Kentucky, Massachusetts, Texas, Utah and Wisconsin.

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Important Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures

Change to Previously Communicated Effective Date for Colorado Providers

Additionally, we'd like to make you aware of an important change we've made to one of the effective dates we announced in November regarding notification/prior authorization requirements and site of service medical necessity reviews for certain surgical codes.

- For Colorado, the notification/prior authorization requirements and site of service medical necessity reviews for all of the surgical codes announced on page 18 of the [November edition of the Network Bulletin](#) will be effective for dates of service on or after **April 1, 2020**.

Completing the Notification/Prior Authorization Process

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

- **Online:** The easiest, fastest way to submit a prior authorization is to use the Prior Authorization and Notification tool on Link. To access the tool, go to **UHCprovider.com** and click on the Link button in the top right corner. Then select the Prior Authorization and Notification tile on the Link dashboard. Or more directly, go to UHCprovider.com/paan.

- **Phone:** Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday, or the Provider Services number on the back of the plan member's health plan ID card.

Questions



If you have questions, read over our frequently asked questions document, which you can find [here](#).



For additional questions, please contact Provider Services at **877-842-3210**.

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Updates and Reminders for Specialty Medical Injectable Drug Processes

As a reminder, please use the new Specialty Pharmacy Transactions process when requesting notification/prior authorization for a specialty medication listed under the injectable medications section on the [Enterprise Prior Authorization List](#), or a medication that is required to be provided by Optum (BriovaRx) Specialty Pharmacy according to the UnitedHealthcare Administrative Guide.

To view the guide, go to [UHCprovider.com](#) > Menu > Administrative Guides and Manuals > Administrative Guide for Commercial, Medicare Advantage and DSNP > [2019 UnitedHealthcare Administrative Guide](#).

You should continue to request notification/prior authorization for UnitedHealthcare Oxford, UMR, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage through the existing processes until further notice.

Helpful Hints for the new Specialty Pharmacy Transaction process:

- Sodium Hyaluronate Derivatives preferred products do not require notification/prior authorization. These include: Durolane, Euflexxa, Gelsyn-3. Notification/prior authorization is required for the non-preferred products. See medical policy for more information.
- Dosing – for ease of entry, use the Request Max dose button which will prepopulate the maximum allowable dose per UHC Medical Benefit Drug Policy.
 - o Starting soon – this will automatically default for you.
- How to check status of your submitted request:
 - o Access Specialty Pharmacy Transactions tile on your Link dashboard.
 - o Review status of submitted prior authorization requests on the home page.
- Clinical question responses:
 - o The clinical status page will present the user with assessment questions specific to the specialty drug being requested.
 - o Each question response is used in final determination of the prior authorization.
 - o All questions require user responses.
- Any content can be edited by selecting the “Edit Details” buttons within each section.
- Sometimes users will be required to submit a custom request for a prior authorization. This can be driven by multiple factors, including but not limited to:
 - o Responses to clinical assessment questions outside of policy parameters.
 - o Request for specific site of service.
 - o Request a dosage amount outside of policy guidelines.
 - o Our clinical team uses the entirety of the clinical responses, justification and clinical documentation provided to review your request.
- Servicing Provider is the provider who will be billing against the J code that is requested.

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Updates and Reminders for Specialty Medical Injectable Drug Processes

Reminder of Changes to our Drug Policies

| Drug Name | Effective Date | UnitedHealthcare Commercial | UnitedHealthcare Community Plan | Treatment Uses | Summary of Changes |
|--|----------------|-----------------------------|---------------------------------|---|---|
| Erythropoiesis-Stimulating Agents | Jan. 1, 2020 | X | X | Used to treat anemia due to myelosuppressive chemotherapy, chronic kidney disease (CKD) in patients on dialysis and not on dialysis, zidovudine therapy in patients with HIV-infection. | Policy includes coverage criteria. Retacrit must be used prior to the coverage of Epogen or Procrit. Retacrit does not require prior authorization. |

Upon prior authorization renewal, the updated policy will apply. UnitedHealthcare will honor all approved prior authorizations on file until the end date on the authorization or the date the member’s eligibility changes. You don’t need to submit a new notification/prior authorization request for members who already have an authorization for these medications on Jan. 1, 2020.

To request a notification/prior authorization for the non-preferred products (Epogen and Procrit) follow one of the three options below:

- Online: Go to UHCprovider.com/priorauth.
- Phone: Call the Provider Services number on the member’s ID card.
- For UnitedHealthcare Commercial members: Complete a prior authorization form and fax it to 866-756-9733. Go to UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs > Forms and Additional Resources.

Reminder of Changes to Review at Launch Program

| Drug Name | UnitedHealthcare Commercial | UnitedHealthcare Community Plan | Treatment Uses |
|-------------------------------------|-----------------------------|---------------------------------|--|
| Reblozyl (Luspatercept-aamt) | X | X | For the treatment of anemia in adult patients with beta-thalassemia who require regular blood transfusions. |
| Adakveo (Crizanlizumab-tmca) | X | X | To reduce the frequency of vaso-occlusive crises in adults and pediatric patients age 16 and older with sickle cell disease. |

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

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



UnitedHealthcare Commercial

Learn about program revisions
and requirement updates.

[UnitedHealthcare Will Reward Care Providers through the Cancer Therapy Pathways Program](#)

Beginning Jan. 1, 2020, care providers with UnitedHealthcare commercial plans will be able to receive rewards when a cancer therapy that's part of our clinical pathways program is used consistently. >

[Changes to Taltz® and Siliq Coverage for UnitedHealthcare Commercial Pharmacy Benefit Plans – Starting Jan. 1, 2020](#)

Beginning Jan. 1, 2020, UnitedHealthcare commercial plans will exclude Taltz® and Siliq from coverage where state law allows. To treat similar conditions, we'll continue to cover other biologic medications such as Cosentyx®, Cimzia®, Humira®, Simponi®, Skyrizi™, Stelara®, and Tremfya®. >

[UnitedHealthcare Commercial Reimbursement Policy Updates](#) >

[UnitedHealthcare Commercial](#)

UnitedHealthcare Will Reward Care Providers through the Cancer Therapy Pathways Program

On Nov. 1, 2019, UnitedHealthcare introduced the new Cancer Therapy Pathways Program to promote the use of evidence-based and cost-effective regimens. Beginning Jan. 1, 2020, care providers also will be able to receive rewards based on pathway adherence. Rewards will only be available for select UnitedHealthcare commercial plans (excludes Oxford Health Plans).

How the Program Will Work

Cancer Therapy Pathways will be available for most common cancer types and include options for defined biomarker subsets and lines of therapy. However, given the complexity of cancer, we don't expect to have a pathway for every medical condition.

Cancer Therapy Pathways is not a substitute for the experience and judgment of a physician or other health care professional. Any clinician participating in the program must use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. Care decisions are between the care provider and the patient. We don't make decisions about the kind of care that should be received.

Cancer Therapy Pathways are available through Optum's Cancer Guidance Program, which is accessed through Link when submitting an authorization request for any UnitedHealthcare commercial plan (excluding UnitedHealthcare Oxford commercial plans), UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage Plan members. Selection of a pathway regimen is not required to receive a prior authorization for therapy. UnitedHealthcare's criteria for coverage determinations for cancer therapies will not change as a result of this program.

Where allowed under state law, care providers will have the opportunity to receive rewards through a financial incentive based on pathway adherence. To be eligible for a reward, pathway adherence must be 75% or greater at the practice level during the performance measurement period, which is a six month period of time. Additional criteria and exclusions may apply. Rewards will be assessed and distributed bi-annually. Detailed information on rewards is forthcoming and will be available on UHCprovider.com in mid-December.



For more information about the program, visit UHCprovider.com or email unitedoncology@uhc.com.

[UnitedHealthcare Commercial](#)

Changes to Taltz® and Siliq Coverage for UnitedHealthcare Commercial Pharmacy Benefit Plans — Starting Jan. 1, 2020

UnitedHealthcare is committed to providing our members access to high-quality products at the lowest possible cost. In some cases, this means recommending lower-cost options when there are multiple medications available to treat the same condition. Beginning Jan. 1, 2020, UnitedHealthcare commercial plans will exclude Taltz® and Siliq from coverage where state law allows. To treat similar conditions, we'll continue to cover other biologic medications such as Cosentyx®, Cimzia®, Humira®, Simponi®, Skyrizi™, Stelara®, and Tremfya®.

What This Means to You

The pharmacy won't automatically substitute Taltz and Siliq. If your patients are taking these medications, you'll need to provide them with a new prescription for the covered alternatives to help reduce their out-of-pocket costs.

Why We Made This Decision

Our pharmacy benefit, if permitted by state law, can exclude a medication if it's considered therapeutically equivalent to a covered or over-the-counter medication, defined as producing similar therapeutic outcomes and adverse events. The UnitedHealthcare Pharmacy and Therapeutics Committee, which includes external physicians representing a broad range of specialties and sub-specialties, medical directors and pharmacists, determined that Siliq and Taltz are therapeutically equivalent to Cosentyx.



For more information, email pharmacy_news@uhc.com.

[UnitedHealthcare Commercial](#)

UnitedHealthcare Commercial Reimbursement Policy Updates

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

| Policy | Effective Date | Summary of Change |
|--|----------------|--|
| National Drug Code (NDC) Requirement Policy, Professional and Facility | March 1, 2020 | <ul style="list-style-type: none"> • Effective by date of process on and after March 1, 2020, the following changes will be made to the NDC policy: <ul style="list-style-type: none"> o Maximum units will be allowed for specific drugs based on the NDC number submitted on the claim. The maximum unit established for the NDC number will be enforced where the package or kit is a specific dose and where a set number of units are expected. o Units submitted above the maximum unit allowed per the NDC number of the package or kit will be denied. o This will not apply to drugs where there is a varying dosage per NDC or those where the dose is based on the weight/body surface area where the entire unit of a package or kit could be exceeded appropriately. |

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[UnitedHealthcare Commercial](#)

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UnitedHealthcare Commercial Reimbursement Policy Updates

| Policy | Effective Date | Summary of Change |
|--|----------------|---|
| Outpatient Hospital Add-on Codes Policy, Facility | March 1, 2020 | <ul style="list-style-type: none"> Effective with dates of service on or after March 1, 2020, UnitedHealthcare will align with the CMS National Correct Coding Initiative (NCCI), Add-on Code edits for outpatient claims submitted on the CMS UB04 claim form or its electronic equivalent. The purpose of this new policy is to promote correct coding for outpatient facilities, billing procedures designated as Add-on codes. Add-on codes are for procedures that are always performed in addition to the primary procedure. Add-on codes should never be reported as a stand-alone procedure. This designation is indicated in the CPT manual, and CMS further defines and releases a quarterly or annual file that contains Type I, II and III edits. Claims submitted with Type of Bill 13X and where the facility is reimbursed at a discount and/or by the fee schedule, including non-par providers, will be subject to Type I edits since they include a defined primary procedure code list. |
| Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction, Professional | March 1, 2020 | <ul style="list-style-type: none"> UnitedHealthcare will continue to align with CMS in applying reductions to therapeutic procedures with a Multiple Procedure Payment Reduction (MPPR) indicator 5, by ranking these procedures, based on Practice Expense Relative Value Units (PE RVU). Instead of using the current PE RVU on the date the claim is processed, the PE RVU assigned on the date of service will be used for ranking purposes, effective with dates of service March 1, 2020. |

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



UnitedHealthcare Community Plan

Learn about Medicaid coverage changes and updates.

[Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement](#)

Effective March 1, 2020, UnitedHealthcare will require prior authorization/notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Ohio. >

[Expanded Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures – Effective March 1, 2020](#)

Our newly expanded prior authorization requirement can help to improve cost efficiencies for the overall health care system while still providing access to safe, quality health care. >

[UnitedHealthcare Community Plan Reimbursement Policy](#) >

[UnitedHealthcare Community Plan](#)

Genetic and Molecular Lab Testing Notification/ Prior Authorization Requirement

Effective March 1, 2020, UnitedHealthcare will require prior authorization/notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Ohio.

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

Beginning March 1, 2020, an approved notification/prior authorization will be required for tests such as:

- Tier 1 Molecular Pathology Procedures
- Tier 2 Molecular Pathology Procedures
- Genomic Sequencing Procedures
- Multianalyte Assays with Algorithmic Analyses that include Molecular Pathology Testing
- These CPT® codes:

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

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[UnitedHealthcare Community Plan](#)

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Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

When you submit your request online, you'll get a decision right away if your request meets UnitedHealthcare's clinical and coverage guidelines. If more information or clinical documentation is needed, we'll contact you.



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

[UnitedHealthcare Community Plan](#)

Expanded Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures – Effective March 1, 2020

Together, we've been focused on helping to work toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement can help to improve cost efficiencies for the overall health care system while still providing access to safe, quality health care.

- For dates of service on or after March 1, 2020, we're expanding our notification/prior authorization requirements to include the procedures/CPT codes listed [here](#) for UnitedHealthcare Community Plan in Arizona, Florida and New York. *We'll only require notification/prior authorization if these procedures/CPT codes will be performed in an outpatient hospital setting.*
- We'll conduct a review to determine whether the site of service is medically necessary for the procedures/CPT codes listed in the links above. *Site of service medical necessity reviews will be conducted if these procedures/CPT codes will be performed in an outpatient hospital setting.*

We understand changes like these aren't always easy. We take that into serious consideration as we work together to achieve better health care outcomes and lower the cost of care. We are committed to helping you and your patients, our plan members, through these changes by providing you the information and support you may need.

Important Points

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.
- Consistent with existing prior authorization requirements, if we determine that the requested service or site isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service or site.
- For any surgical procedures/CPT codes already subject to notification/prior authorization requirements, we'll continue to review the procedures to determine medical necessity.
- We only require notification/prior authorization for planned procedures.
- If you don't notify us or complete the notification/prior authorization process before the planned procedure is rendered, we may deny the claims and you won't be able to bill the member for the service.

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[UnitedHealthcare Community Plan](#)

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Expanded Notification/Prior Authorization Requirements and Site of Service Reviews for Certain Surgical Procedures – Effective March 1, 2020

Outpatient Surgical Procedures – Site of Service Utilization Review Guideline

Our [Outpatient Surgical Procedures – Site of Service Utilization Review Guideline](#) includes the criteria we'll use to facilitate our site of service medical necessity reviews. It's available in our [December 2019 UnitedHealthcare Community Plan Medical Policy Update Bulletin](#). On March 1, 2020, the guideline will be available at [UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Community Plans](#).

Completing the Notification/Prior Authorization Process

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

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

UnitedHealthcare Community Plan Reimbursement Policy

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



UnitedHealthcare Medicare Advantage

Learn about Medicare policy
and guideline changes.

[A New Way to Find a Care Provider](#)

In the first quarter of 2020, UnitedHealthcare will launch an enhanced member search tool for UnitedHealthcare Medicare Advantage members. >

[National Drug Code Requirement Policy, Professional and Facility Update](#)

Effective for dates of service on or after March 1, 2020, UnitedHealthcare Medicare Advantage plans will implement a change to the National Drug Code (NDC) Requirement Policy. >

[Claim Filing Indicator for Medicare Advantage on EDI Claims](#)

When Medicare Advantage is the primary payer for members with other coverage, it's important the claim filing indicator is accurate on the Electronic Data Interchange (EDI) 837 secondary claim submission. >

[UnitedHealthcare Medicare Advantage](#)

A New Way to Find a Care Provider

In the first quarter of 2020, UnitedHealthcare will launch an enhanced member search tool for UnitedHealthcare Medicare Advantage members. This is an enhancement to the member on-line and call centers provider search tools which will highlight in-network specialists using member specific data elements.

The enhanced tool will highlight up to five in-network specialists who have shown better outcomes for patients similar to them. This information will help patients find the specialists most likely to provide the convenience, service, high-quality care and positive results they are seeking.

Specialist types that will be initially included are cardiology, gastroenterology, cardiac surgery, orthopedic surgery, neurology surgery, pulmonology and oncology.

How it Works

At UnitedHealthcare, we will highlight in-network specialists for patients by combining outcome-based data with specific member attributes. We've applied our data and insights to the search engine— so with every search, patients receive a list of specialists who may fit their criteria. Working with highlighted providers may increase the likelihood that patients avoid complications, including fewer emergency room visits, and hospitalizations.

At UnitedHealthcare, we have access to data across a broad spectrum of members over time, which provides us with insights that may not be available to individuals. Our aim is to serve every member to the best of our abilities, so we are making this information available to help improve the likelihood members achieve better outcomes with their medical care.

****Members will continue to have access to all care providers allowed under their health plan.***



Contact your Network Account Representative with any questions.

[UnitedHealthcare Medicare Advantage](#)

National Drug Code Requirement Policy, Professional and Facility Update

For dates of service on or after March 1, 2020, UnitedHealthcare Medicare Advantage plans will implement a change to the National Drug Code (NDC) Requirement Policy. The following changes will be made to better align with correct coding guidelines:

- Maximum units will be allowed for specific drugs based on the NDC number submitted on the claim. The maximum unit established for the NDC number will be enforced where the package or kit is a specific dose and where a set number of units is expected.
- Units submitted above the maximum unit allowed per the NDC number of the package or kit will be denied.
- This will not apply to drugs where there is a varying dose per NDC or where the dose is based on the weight/body surface area.

Claim Filing Indicator for Medicare Advantage on EDI Claims

When Medicare Advantage is the primary payer for members with other coverage, it's important the claim filing indicator is accurate on the Electronic Data Interchange (EDI) 837 secondary claim submission. Otherwise, claims may be delayed or processed incorrectly.

The claim filing indicator (located in Loop 2320, segment SBR09) identifies whether the primary payer is Medicare or another commercial payer. When the member has a Medicare Advantage plan, the claim should be billed to the secondary payer with a Medicare Part A or B indicator, not as commercial insurance. Please help ensure you're using the appropriate indicator on EDI claims:

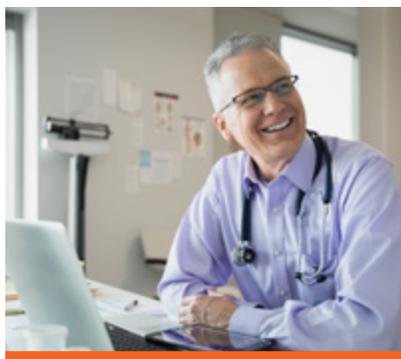
- MA – The primary payer is Medicare Part A (use for both traditional Medicare and Medicare Advantage)
- MB – The primary payer is Medicare Part B (use for both traditional Medicare and Medicare Advantage)
- CI – The primary payer is commercial insurance (non-Medicare)

Go to UHCprovider.com/edicontacts for help using EDI.



UnitedHealthcare Affiliates

Learn about updates with our company partners.



[New UnitedHealthcare Oxford Commercial Plan Member ID Cards](#)

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

[UnitedHealthcare Affiliates](#)

New UnitedHealthcare Oxford Commercial Plan Member ID Cards

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

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

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

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

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

Learn More



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



State News

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



[Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement](#)

Effective March 1, 2020, UnitedHealthcare will require prior authorization/notification for genetic and molecular testing performed in an outpatient setting for UnitedHealthcare Community Plan members in Ohio. >

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