UnitedHealthcare®

Network Bulletin: June 2017

network bulletin

Important updates from UnitedHealthcare to health care professionals and facilities

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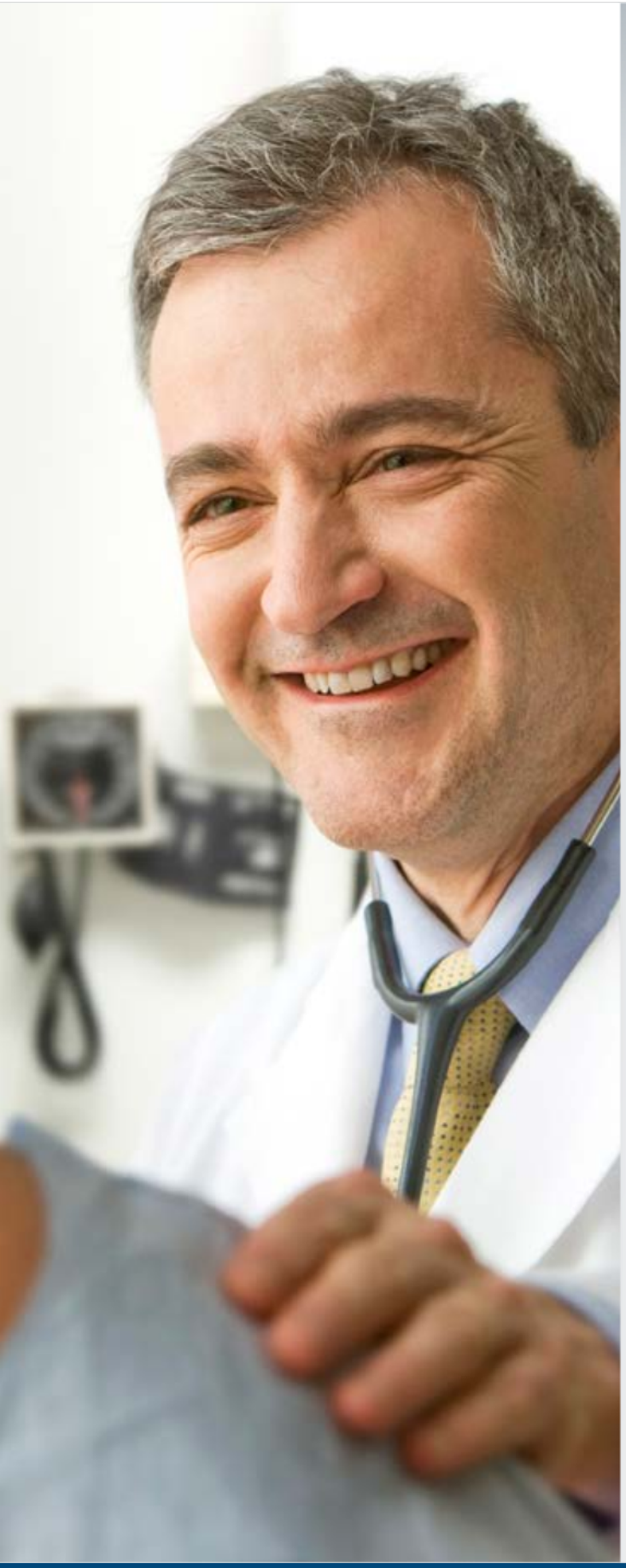
UnitedHealthcare respects the expertise of the physicians, health care professionals and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff 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

Tell Us What You Think of Our Communications

As a regular reader of The Network Bulletin, your opinion is important to us. We'd like to get your thoughts about The Bulletin and UnitedHealthcare communications related to network changes, quality initiatives and other issues. Please take a few minutes today to complete the survey online at **uhcresearch.az1.qualtrics.com/jfe/form/SV_08sAsRnUY2Kb153**. Thank you for your time.

Front & Center

On-Line Chemotherapy Prior Authorization System to Display Outcome Findings

UnitedHealthcare is adding a new feature to our on-line chemotherapy prior authorization tool. Starting in the third quarter of 2017, the following outcome data will be provided to practices that request prior authorization for cancer treatment regimens:

- Median duration of treatment
- Relapse rate for adjuvant therapy
- Hospitalization rate
- Average monthly cost of care (while on treatment)
- Selection frequency for treatment regimen (by cancer and line of therapy)

This information on outcomes of cancer treatment regimens in our members is intended to supplement data obtained from clinical trials, which include selected patients and may not reflect the patients in your practice. We hope you find the additional information useful as you select the best treatment options for your patients and that you share this data and its impact on your decision making process with your patients.

If you have any questions, send an email to **unitedoncology@uhc.com**.

Front & Center

UHCWest.com is Moving

UnitedHealthcare will retire the UHCWest.com address in 2017. Users will be transitioned to UnitedHealthcareOnline.com and Link, the gateway to UnitedHealthcare's online tools. They will continue to have access to the content and transaction tools they need and will be notified when these are moving.

To help ensure a smooth transition, we're asking UHCWest.com users to prepare now by registering for an Optum ID and connecting it to their Tax Identification Number (TIN). For more information, stay tuned to the Network Bulletin or visit UnitedHealthcareOnline.com > Help > Link – Learn More > **Information for UHCWest.com**.

Content and Tools	Current State on UHCWest.com	Available on UnitedHealthcareOnline.com and Link
Care Provider Website	UHCWest.com	UnitedHealthcareOnline.com and the Link dashboard
Eligibility and Benefits	Check Eligibility Tab	eligibilityLink app on Link
Claims Information	Check Claims Status and Claims Reconsideration Requests	claimsLink app on Link
Electronic Funds Transfer (EFT) Payments Enrollment Form	Functionality is retired and users will be redirected to Link	UnitedHealthcare West EFT Enrollment app on Link

The transition of tools and content from UHCWest.com to UnitedHealthcareOnline.com and Link will take place over several months. Right now, these tools are only available at UHCWest.com:

- Prior authorization and notification status/submission
- Medicare Advantage therapeutic radiation radiology and cardiology prior authorization
- Eligibility, patient management and capitation reports
- All non-transactional content

Pop-up messages on UHCWest.com will let you know when these move to UnitedHealthcareOnline.com and Link.

Front & Center

Go Paperless with New UnitedHealthcare West EFT Enrollment App

Now you can enroll or make changes to Electronic Funds Transfer (EFT) and ERA/835 for your UnitedHealthcare West claims using the UnitedHealthcare West EFT Enrollment app. Enrollment in UnitedHealthcare West EFT currently applies to payments from SignatureValue and Medicare Advantage plans only.* You'll continue to receive checks by mail until you enroll in UnitedHealthcare West EFT.

With the UnitedHealthcare West EFT Enrollment app, you can have your claims payments deposited electronically into your designated bank account. You also can make changes to an existing enrollment.

To access the UnitedHealthcare West EFT Enrollment app, sign in to UnitedHealthcareOnline.com using your Optum ID. Then, click on the UnitedHealthcare West EFT Enrollment app.

For more information about EFT and ERA/835, click on the UnitedHealthcare West EFT tile on your Link dashboard. Email **paymentservicesuhcwest@uhc.com** with questions about UnitedHealthcare West EFT. For questions about ERA/835, call **800-842-1109**, option 4 and then option 2.

*UnitedHealthcare West EFT Enrollment and Electronic Payments and Statements (EPS) are two separate apps for different health plans. Use the UnitedHealthcare West EFT app for Signature Value and Medicare Advantage plans only. To learn which plans participate with EPS, visit UnitedHealthcareOnline.com > Quick Links > Electronic Payments & Statements > EPS > **EPS Flyer**.

Front & Center

Colorectal Cancer Screening Webinars

UnitedHealth Group and the American Cancer Society have partnered to offer a FluFIT webinar series to care providers. FluFIT is an evidence-based intervention that expands the impact of a commonly used annual preventive care measure (influenza vaccination) by adding another important prevention activity (colorectal cancer screening).

Colorectal cancer (CRC) screening is recommended for all adults ages 50 to 75. However, for a variety of reasons, screening rates remain sub-optimal. Many individuals are unaware of the need for and benefits of CRC screening, and few request screening from their care provider. Yet, many individuals actively seek out a yearly flu shot.

Researchers have demonstrated that providing fecal immunochemical test (FIT) kits and education on the importance of CRC screening to individuals who seek flu vaccination can lead to significant increases in screening rates. This model has been successfully implemented in hospital-based clinics, community health centers, public health departments and a large integrated health plan.[1]

The webinar series launched in May, and the first two presentations are available on UHC On Air. The final two webinars will be offered in June and can be accessed using these UHC On Air links:

FluFit Session 3: Login with your Optum ID to sign up: **bit.ly/FluFitSeries3**
FluFit Session 4: Login with your Optum ID to sign up: **bit.ly/FluFitSeries4**

For more information on FluFIT, visit **FluFOBT.org**.

[1] Potter, M. B., Walsh, J. M. E., Yu, T. M., Gildengorin, G., Green, L. W., & Mcphee, S. J. (2011). The Effectiveness of the FLU–FOBT Program in Primary Care, 41 (1), 9–16. **doi.org/10.1016/j.amepre.2011.03.011**

Front & Center

UnitedHealth Premium® Designation Program – July 2017 Assessment Letters

Key Dates:

- Assessment letter mailing: July 6, 2017
- Reconsideration due date (prior to display): Aug. 7, 2017
- Display date: Sept. 6, 2017
- Reconsideration end date: Nov. 13, 2017

The UnitedHealth Premium® designation program provides physician designations based on quality and cost efficiency criteria to help members make more informed and personally appropriate choices for their medical care. Physicians also can use these designations when referring patients to other physicians.

In July, we'll mail updated designations to Premium-eligible physicians. The physician notification letter will include your Premium designation and instructions on how to access your Premium assessment reports. These reports show the data we used to determine your Premium designation. Practice administrators will receive a group-level assessment letter with instructions on how to access their clinic's Premium assessment reports. These reports show summary-level designation information for each of the clinic's specialties, arranged by geographic area.

Designations will be publicly displayed in our online directories on Sept. 6, 2017. Please go to UnitedHealthcareOnline.com > Quick Links > **UnitedHealth Premium** to review the 2017 Methodology.

Reconsideration

Prior to public display of your designation, we'll provide time for you to review your assessment reports and request reconsideration, if applicable. Please submit your request on or before Aug. 7, 2017, so we can make any applicable changes to your designation before its public display. We'll continue to accept and review requests after this date. We'll make any applicable change to your publicly-displayed designation. The last date to submit a reconsideration request will occur in September 2017. We'll announce this date in a future Network Bulletin.

Key Enhancements and Updates for 2017

Data: Claims data from Jan. 1, 2014 through Feb. 28, 2017

Quality Assessment: Symmetry version 9.1 tools, which use the most up-to-date specifications for evidence-based quality measures

Cost Efficiency Assessment: Two distinct calendar years for patient total cost measurement to provide greater stability in cost efficiency results and increase the number of physicians with a sufficient number of patients attributed for assessment

Designation Criteria: Physician designations are determined based on a comparison of current and previous version assessment results to provide more stability in designations and a time period for physicians to implement practice improvements

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Front & Center

UnitedHealth Premium® Designation Program – July 2017 Assessment Letters

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Learn More

For more information about UnitedHealth Premium, go to UnitedHealthcareOnline.com > Quick Links > **UnitedHealth Premium** or call 866-270-5588.

Front & Center

Overpayments Mailing Address

You can mail refunds for overpayments to the name and address indicated on the refund request form.

Standard mail:
UnitedHealthcare Insurance Company
P.O. Box 101760
Atlanta, GA 30354-1705

Overnight mail:
UnitedHealthcare Insurance Company
Lockbox 101760
3585 Atlanta Ave.
Atlanta, GA 30354-1705

The procedures and policies outlined on page 52 of the 2017 UnitedHealthcare Care Provider guide on overpayments are correct. The P.O. Box in the mailing address is incorrect.

The *Overpayment Refund/ Notification Form* for care providers is located online at UnitedHealthcareOnline.com > Tools & Resources > Forms > **Claim**.

Care Improvement Plus Provider Portal

Effective July 1, 2017, the Care Improvement Plus (CIP) Provider Portal will no longer be available to providers for CIP-related inquiries. CIP's provider portal provided information for dates of service prior to Jan. 1, 2016. CIP information for dates of service after Jan. 1, 2016 is available on Link. Care providers will continue to get answers to questions or issues addressed for services before Jan. 1, 2016 by calling the UnitedHealth Provider Services line at 877-842-3210.

Front & Center

Update to Notification/Prior Authorization Requirements – Effective July 1, 2017

As we continue to evaluate notification/prior authorization requirements, we're making some changes. Effective for dates of service on or after July 1, 2017, notification/prior authorization is no longer required for the following cardiovascular procedures for UnitedHealthcare Commercial plans, except for some of our affiliate plans. Neighborhood Health Partnership and UnitedHealthcare Oxford will continue to require notification/prior authorization for these procedures.

CPT® Code	Procedure
36561	Insertion of a tunneled central venous catheter
36590	Removal of a tunneled central venous catheter

This change also applies to prior authorization requirements we previously communicated for UnitedHealthcare Community Plan Medicaid members in the following states:

- Arizona
- Delaware
- Maryland
- New Mexico
- New York
- Pennsylvania
- Rhode Island
- Tennessee
- Washington

For more details about notification/prior authorization requirements, go to **UnitedHealthcareOnline.com** > Notifications/Prior Authorizations.

Front & Center

Colony-Stimulating Factors Require Prior Authorization

Colony-stimulating factors administered to patients with a cancer diagnosis in the outpatient setting will require prior authorization as of Oct. 1, 2017. This requirement is for members of UnitedHealthcare Commercial, UnitedHealthcare Community Plan and UnitedHealthcare Oxford plans that currently require prior authorization for outpatient injectable chemotherapy.

UnitedHealthcare currently requires prior authorization for chemotherapy regimens administered in an outpatient setting. The chemotherapy prior authorization system will identify the high and intermediate febrile neutropenia chemotherapy risk regimens. During the chemotherapy authorization process, regimens classified as a high or intermediate risk will include an authorization for a colony-stimulating factor.

This prior authorization requirement includes these drugs:

- J1442 filgrastim (Neupogen)
- J1447 tbo-filgrastim (Granix)
- J2505 pegfilgrastim (Neulasta)
- J2820 sargramostim (Leukine)
- Q5101 filgrastim, bio-similar (Zarxio)

Care providers who want to use colony-stimulating factors for low febrile neutropenia chemotherapy risk regimens will need to build a custom regimen in the chemotherapy prior authorization system and participate in a peer-to-peer discussion before a case coverage decision. Claims submitted for any of colony-stimulating factors without an authorization will be denied.

If the member receives a colony-stimulating factor in an outpatient setting for a cancer diagnosis between July 1, 2017 and Sept. 30, 2017, you do not need to submit a prior authorization until a new chemotherapy drug or colony-stimulating factor will be administered to the member. We'll authorize the colony-stimulating factor that the member was receiving during the July through September 2017 timeframe, and the authorization will be effective until the end of the chemotherapy regimen approval date. Please watch for additional information in future editions of The Network Bulletin.

Front & Center

Levoleucovorin Will Require Prior Authorization

Beginning July 1, 2017, levoleucovorin calcium, Healthcare Common Procedure Coding System (HCPCS) code J0641, will not be authorized or eligible for reimbursement for a chemotherapy regimen unless the ordering physician has attested the inability to obtain leucovorin calcium (HCPCS code J0640). This affects members of UnitedHealthcare Commercial, UnitedHealthcare Community Plan and UnitedHealthcare Oxford plans that currently require prior authorization for outpatient injectable chemotherapy.*

UnitedHealthcare requires prior authorization for chemotherapy regimens administered in an outpatient setting. During the chemotherapy prior authorization process, the system will continue to list all chemotherapy regimens recommended by the National Comprehensive Cancer Network (NCCN) for the member's clinical condition. In the past, authorized regimens, including leucovorin, also received an approval for levoleucovorin. Effective July 1, 2017, this practice will stop.

A shortage of leucovorin may exist at times. That's why we encourage care providers to review the treatment options outlined by the NCCN. Options include: the dose of levoleucovorin commonly used in Europe; lower doses of levoleucovorin; or treatment without leucovorin. **Care providers who elect to use a regimen with levoleucovorin will need to build a custom chemotherapy regimen that includes levoleucovorin and participate in a peer-to-peer discussion prior to a case coverage decision. Claims submitted for levoleucovorin, J0641, without an authorization will be denied.**

Please watch for additional information in future editions of The Network Bulletin.

*Members insured under the UnitedHealthcare Community Plan in Pennsylvania are excluded from this requirement.

For more information, send an email to **unitedoncology@uhc.com**.

Front & Center

Important Change to Our Network of DME Providers

On April 1, 2017, Preventice Services joined our national network of cardiac diagnostic monitoring providers for all lines of business. To detect heart arrhythmias, Preventice Services provides remote cardiac monitoring services: Holter monitors; Event monitors; and telemetry monitors. They are an Independent Diagnostic Testing Facility (IDTF) with a distribution model where the product is set up on the member in a care provider's office or by mail order to their home with instructions and customer support.

For more information, contact Preventice Services at 888-747-1442 or go to **preventicesolutions.com**.

Other nationally contracted cardiac diagnostic monitoring providers include:

- Cardionet – 888-312-BEAT (2328); **cardionet.com**.
- Lifewatch Services – 800-418-4111; or **lifewatch.com**.

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

A Pharmacy Bulletin outlining upcoming new or revised clinical programs and implementation dates is now available online for UnitedHealthcare Commercial. Go to **UnitedHealthcareOnline.com** > Tools & Resources > Pharmacy Resources. Then select Clinical Programs and scroll down to the Resources box to access the updates.

Front & Center

Dental Clinical Policy & Coverage Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **May 2017 UnitedHealthcare Dental Policy Update Bulletin** at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Dental Clinical Policies & Coverage Guidelines > Update Bulletin**.

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Fixed Prosthodontics	Coverage Guideline	May 1, 2017
Non-Surgical Extractions	Coverage Guideline	May 1, 2017
Non-Surgical Periodontal Therapy	Clinical Policy	June 1, 2017
Removable Prosthodontics	Coverage Guideline	May 1, 2017
Topical Fluoride Treatment	Clinical Policy	May 1, 2017

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

Front & Center

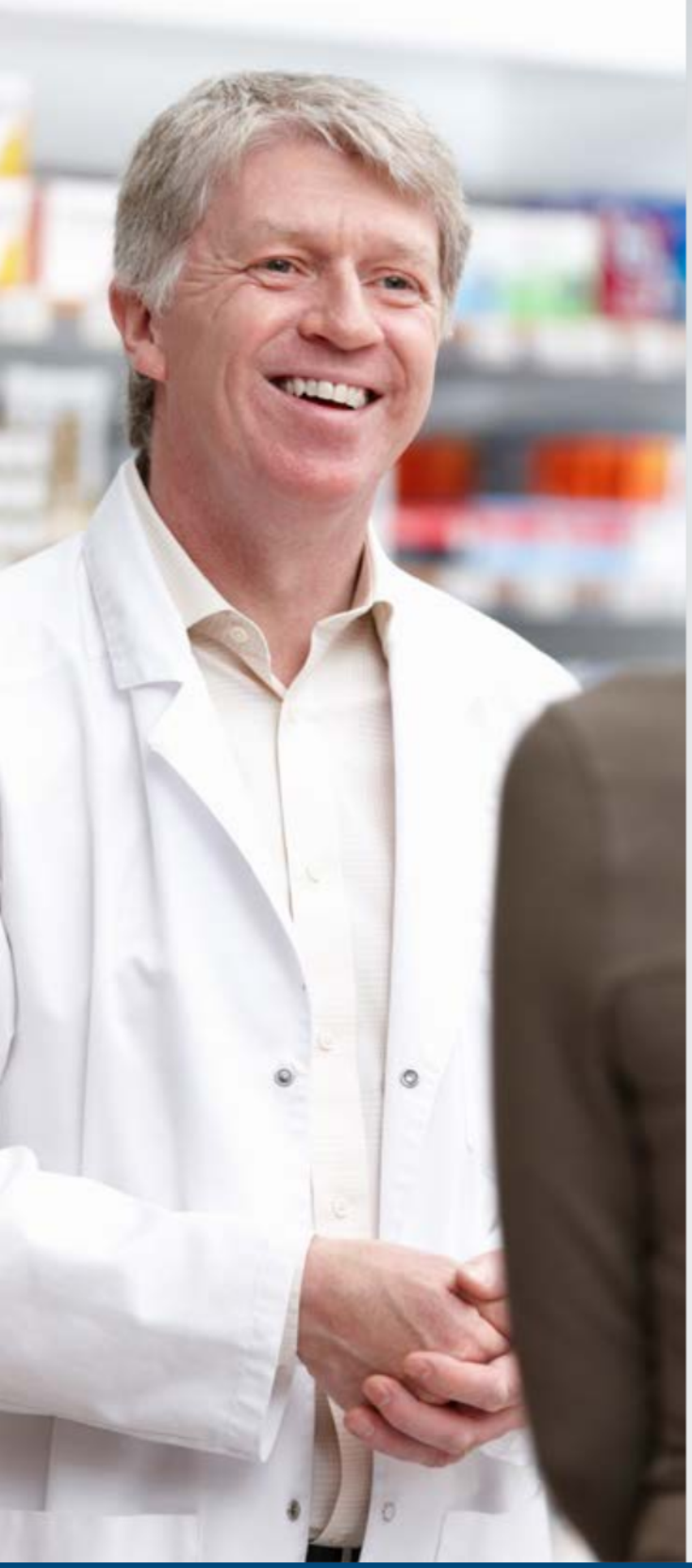
Email Option for Care Providers Requesting Radiology and Cardiology Notification/Prior Authorizations Online

Effective June 16, 2017, UnitedHealthcare will offer care providers who initiate Radiology or Cardiology Notification/Prior Authorization requests online through UnitedHealthcareOnline.com a choice to receive communications by email instead of faxed letters. An email notification will inform the care provider that a determination letter or a letter requesting additional clinical information is ready to view. At present, care providers have to monitor faxed copies of these communications.

Care providers can receive these email notifications by entering the most appropriate email for their practice at the time of their request. They will be prompted to enter their email address during each request.

Emails will contain a secure link to access the radiology or cardiology Notification/Prior Authorization-related letters. They will not contain any protected health information. Care providers can access the status of the request and download any written communications related to the request through the link provided in the email. Care providers who don't provide their email address will continue to receive communications by fax.

The email notification option does not eliminate or remove the requirements applicable to the UnitedHealthcare Outpatient Radiology Notification/Prior Authorization and Cardiology Notification/Prior Authorization Protocols for any applicable UnitedHealthcare member.



UnitedHealthcare Commercial

UnitedHealthcare Genetic and Molecular Testing Prior Authorization Requirement

UnitedHealthcare will implement a national online prior authorization program for genetic and molecular testing performed in an outpatient setting effective Oct. 1, 2017 for our fully insured UnitedHealthcare Commercial members.

Care providers requesting laboratory testing will be required to complete the prior authorization process.[1]

During the authorization process, care providers will indicate the laboratory name, test name or gene. Clinical information will be requested to determine if the request meets UnitedHealthcare's clinical policy requirements for coverage.

It will be the participating laboratory's responsibility to determine if an authorization has been received as services rendered without an authorization will be denied and the member cannot be balance billed. If an authorization has not been granted, the participating laboratory staff should contact the ordering provider to request a prior authorization.

Laboratories that perform genetic or molecular testing will be asked to provide details on their genetic and molecular tests (i.e., test name, test ID number, codes used for billing, etc.) starting in second quarter 2017. This information will be required for UnitedHealthcare to complete an authorization and to ensure correct coding and payment of claims. When the program is implemented, United Healthcare will only authorize payment for those CPT codes that have been registered with the Genetic and Molecular Testing Prior Authorization Program for each specified genetic test.

Details on how to obtain a prior authorization will be included in upcoming issues of the Network Bulletin. Training options and additional information about this program will be available on **UnitedHealthcareOnline.com** around Sept. 1, 2017.

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UnitedHealthcare Commercial

UnitedHealthcare Genetic and Molecular Testing Prior Authorization Requirement

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If you have any questions, email us at **unitedoncology@uhc.com**.

[1]Laboratory services ordered by Florida and Texas network providers for fully insured UnitedHealthcare Commercial members in Florida and Texas will not be required to participate in this requirement due to their participation in the UnitedHealthcare Laboratory Benefit Management Program.

UnitedHealthcare Commercial

New Drug Testing Reimbursement Policy

Effective for claims with a date of service on or after Sept. 1, 2017, UnitedHealthcare will implement a new Drug Testing reimbursement policy. The policy will apply to UnitedHealthcare Commercial members.

The policy applies to paper form CMS-1500 and Electronic Data Interchange (EDI) 837P claim files.

To align with the Centers for Medicaid & Medicaid Services and the CPT code description, the policy will only allow one Presumptive Drug Class procedure per drug class (codes 80305, 80306 and 80307) per member, per date of service, whether submitted by the same or different provider.

The policy will also only allow one Definitive Drug Class procedure per drug class (codes G0480, G0481, G0482, G0483 and G0659) per member, per date of service, whether submitted by the same or different provider.

Per CMS regulations, providers performing validity testing on urine specimens utilized for drug testing cannot separately bill for validity testing. As a result, UnitedHealthcare will not separately reimburse for urine validity testing.

UnitedHealthcare Commercial

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

For complete details on the policy updates listed in the following table, please refer to the **May 2017 Medical Policy Update Bulletin** at **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
UPDATED/REVISED		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	May 1, 2017
Ambulance Services	CDG	May 1, 2017
Bariatric Surgery	Medical	June 1, 2017
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	CDG	June 1, 2017
Cochlear Implants	Medical	June 1, 2017
Computerized Dynamic Posturography	Medical	May 1, 2017
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	CDG	May 1, 2017
Entyvio® (Vedolizumab)	Drug	July 1, 2017
Gait Analysis	Medical	May 1, 2017
Genetic Testing	Medical	May 1, 2017
Gene Expression Tests	Medical	May 1, 2017
Hepatitis Screening	Medical	May 1, 2017
Intrauterine Fetal Surgery	Medical	May 1, 2017
Lemtrada (Alemtuzumab)	Drug	June 1, 2017
Manipulative Therapy	Medical	May 1, 2017
Occipital Neuralgia and Headache Treatment	Medical	May 1, 2017
Omnibus Codes	Medical	June 1, 2017
Oncology Medication Clinical Coverage Policy	Drug	June 1, 2017
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	May 1, 2017
Preventive Care Services	CDG	June 1, 2017
Prolotherapy for Musculoskeletal Indications	Medical	May 1, 2017
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	June 1, 2017
Site of Service Guidelines for Certain Outpatient Surgical Procedures	URG	July 1, 2017
Spinraza™ (Nusinersen)	Drug	May 1, 2017

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UnitedHealthcare Commercial

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

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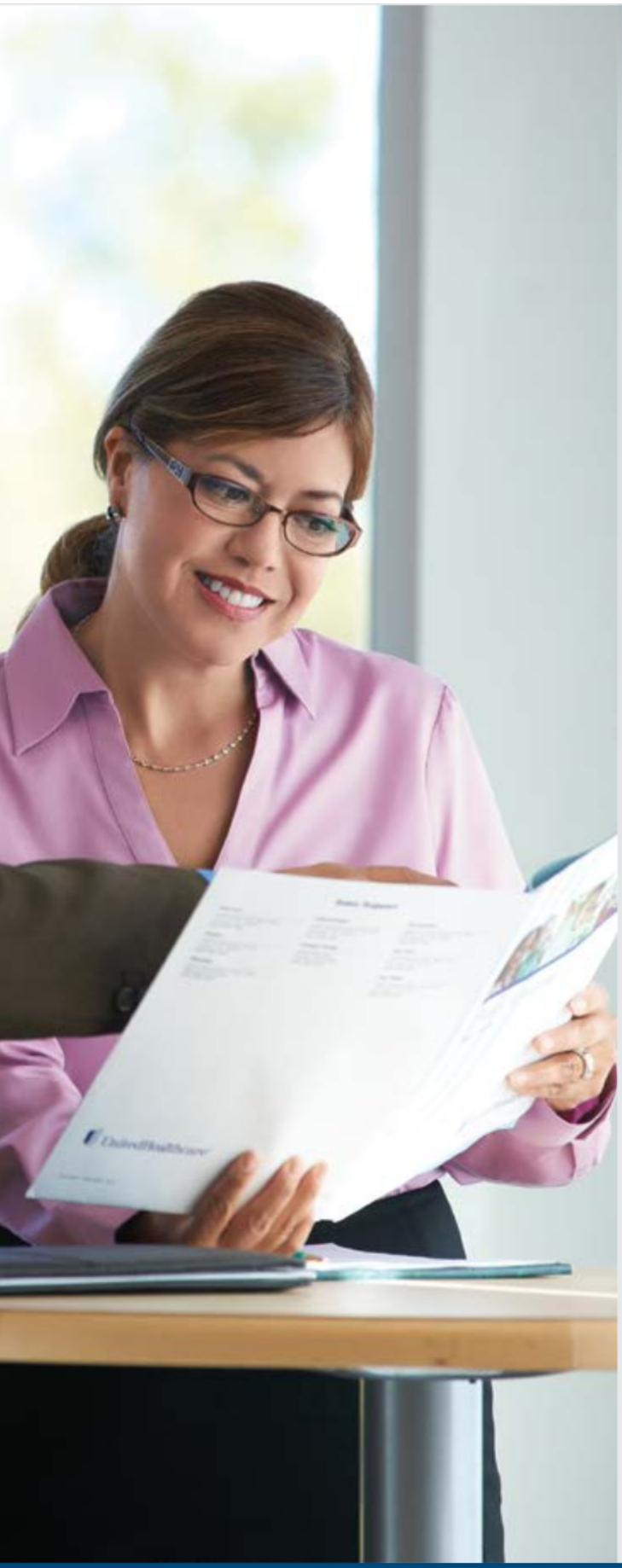
Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Stelara® (Ustekinumab)	Drug	June 1, 2017
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	July 1, 2017
Total Artificial Disc Replacement for the Spine	Medical	May 1, 2017

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



UnitedHealthcare Commercial Reimbursement Policies

Unless otherwise noted, the following reimbursement policies apply to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. UnitedHealthcare reimbursement policies do not address all factors that affect reimbursement for services rendered to UnitedHealthcare members, including legislative mandates, member benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Care Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Once implemented, the policies may be viewed in their entirety at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > 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

Revision to the Consultation Services Reimbursement Policy

Effective for claims with dates of service on or after Oct. 1, 2017, UnitedHealthcare will reimburse the appropriate evaluation and management (E/M) procedure code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care reported in lieu of a consultation services procedure code. This notification will be the first of several communications to clarify this change in reimbursement strategy supporting our commitment to the Triple Aim of improving health care services, health outcomes and overall cost of care.

UnitedHealthcare will align with the Centers for Medicare & Medicaid Services (CMS) and no longer reimburse consultation services represented by CPT codes 99241-99245 and 99251-99255. At the time of the original CMS decision to no longer recognize these consultation services procedure codes, UnitedHealthcare began pursuit of data analysis and trending to better understand the use of consultation services codes as reported in the treatment of our commercial members. Similar to CMS's findings, our extensive data analysis has revealed misuse of consultation services codes for this population.

The current Relative Value Unit (RVU) assignments reflect numerous changes made during recent years to both E/M codes and other surgical services creating an overall budget neutral experience supporting this strategy as a more accurate reflection of services rendered.

New Policy – Advanced Practice Health Care Professional Evaluation and Management Procedures Policy

Effective for claims with dates of service on or after Sept. 1, 2017, UnitedHealthcare will require physicians reporting evaluation and management (E/M) services on behalf of their employed Advanced Practice Health Care Professionals to report the services with a modifier to denote the services were provided in collaboration with a physician. UnitedHealthcare will accept the modifier SA on claims for these services when provided by nurse practitioners, physician assistants and clinical nurse specialists.

In addition, the rendering care provider's National Provider Identifier (NPI) must also be documented in field 24J on the CMS-1500 claim form or its electronic equivalent. Use of the modifier SA and documentation of the rendering care provider will assist UnitedHealthcare in maintaining accurate data with regard to the types of practitioners providing services to our members.

UnitedHealthcare Community Plan

Changes in Advance Notification and Prior Authorization Requirements

Gender Dysphoria Treatment was previously announced in the April 2017 Network Bulletin as requiring prior authorization for dates of service on or after July 1, 2017 for UnitedHealthcare Community Plan of Louisiana (Medicaid Plan). Prior authorization will NOT be required for dates of service on or after July 1, 2017 for the following codes. Gender Dysphoria Treatment is not a covered benefit for UnitedHealthcare Community Plan of Louisiana (Medicaid Plan). Procedure codes 55970 and 55980 with diagnosis of ambiguous genitals are covered for members who are age 15 or younger.

Category	Codes
Gender Dysphoria Treatment	55970 55980

Code Replacements to Prior Authorization

Effective for dates of service on or after July 1, 2017, UnitedHealthcare Community Plans (Medicaid Plans) that required prior authorization for the following American Medical Association(AMA) deleted codes will require prior authorization for the following replacement codes:

Category	Deleted Codes	Replacement Codes Added to Prior Authorization
Home Health Care	G0163 G0164	G0493 G0494 G0495 G0496

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

- UnitedHealthcare Medicare Solutions and UnitedHealthcare Commercial Plans – **UnitedHealthcareOnline.com** > Clinician Resources > Advance & Admission Notification
- UnitedHealthcare Community Plan – **UHCCommunityPlan.com** > For Health Care Professionals > Select your state.

UnitedHealthcare Community Plan

Preferred Drug List Updates for Third Quarter 2017

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

You may also view the changes at **UHCCommunityPlan.com** > For Health Care Professionals > Select your state > Pharmacy Program.

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

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

If a preferred alternative isn't appropriate, please call 800-310-6826 for prior authorization to allow members to remain on their current medication. UnitedHealthcare Community Plan individual benefits may differ depending on the enrolled plan.

Changes will be effective July 1, 2017	Arizona, Florida for Florida Healthy Kids, Hawaii, Maryland, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island
Changes will be effective Aug. 1, 2017	Louisiana and Washington

PDL Additions

Brand Name	Generic Life	Comments	Notes
Soliqua injection	Insulin glargine/ lixisenatide	Indicated for treating type 2 diabetes mellitus. Step therapy applies.	Does not apply to Arizona and Rhode Island plans.
Adlyxin injection	Lixisenatide	Indicated for treating type 2 diabetes mellitus. Step therapy applies.	Does not apply to Arizona and Rhode Island plans.
Trulicity injection	Dulaglutide	Indicated for treating type 2 diabetes mellitus. Step therapy applies.	Does not apply to Arizona and Rhode Island plans.
Rubraca tablet	Rucaparib	Indicated for treating ovarian cancer. Prior authorization required. Available through specialty pharmacy.	
Differin OTC Gel 0.1%	Adapalene	Indicated for treating acne vulgaris.	

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UnitedHealthcare Community Plan

Preferred Drug List Updates for Third Quarter 2017

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Brand Name	Generic Life	Comments	Notes
Aristada injection	Aripiprazole injection	Indicated for treating schizophrenia. Prior authorization required.	Prior authorization does not apply to Hawaii, Washington and New Mexico plans. PDL addition does not apply to Maryland and Rhode Island plans.
Zinbryta injection	Daclizumab injection	Indicated for treating multiple sclerosis. Prior authorization required. Available through specialty pharmacy.	
Abreva OTC cream	Docosanol cream	Indicated for treating herpes labialis.	
Selzentry 25 mg and 75 mg tablet	Maraviroc	Indicated for treating human immunodeficiency virus (HIV) infection.	Does not apply to Maryland plan.
Fuzeon injection	Enfuvirtide	Indicated for treating human immunodeficiency virus (HIV) infection.	Does not apply to Maryland plan.
Tivicay 10 mg and 25 mg tablet	Dolutegravir	Indicated for treating human immunodeficiency virus (HIV) infection.	Does not apply to Maryland plan.
Betapace AF* tablet	Sotalol AF	Indicated for treating atrial fibrillation and atrial flutter.	
Kerlone* tablet	Betaxolol	Indicated for treating hypertension.	
Oxytrol patch for Women (OTC)	Oxybutynin patch	Indicated for treating overactive bladder (OAB).	
Altace* capsule	Ramipril	Indicated for treating hypertension, for post-myocardial infarction and for reduction of cardiovascular mortality, myocardial infarction and stroke.	
Mavik* tablet	Trandolapril	Indicated for treating hypertension and for post-myocardial infarction.	

*Only generics are covered.

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UnitedHealthcare Community Plan

Preferred Drug List Updates for Third Quarter 2017

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PDL Modifications

Brand Name	Generic Life	Comments	Notes
Retin-A* Cream	Tretinoin Cream	Step Therapy Applies. A history of failure, contraindication, or intolerance to Differin OTC is required.	Does not apply to Arizona plan.
Ditropan XL* tablet	Oxybutynin ER tablet	Step therapy no longer required.	
Aldara* Cream	Imiquimod 5% Cream	Prior authorization no longer required.	

Removed From PDL

Brand Name	Generic Life	Comments	Notes
Hepsera*	Adefovir	Alternative agents are available including entecavir, Viread, or lamivudine HBV. Current users will be grandfathered.	Does not apply to Arizona plan.
Differin* Cream and Gel – RX versions	Adapalene gel and cream	Members must try Differin OTC. Current users will not be grandfathered.	
Retin-A* Gel	Tretinoin gel	Members must try Differin OTC. Current users will not be grandfathered.	Does not apply to Arizona plan.
Visken*	Pindolol tablet	Alternative agents are available including atenolol, metoprolol, carvedilol, sotalol. Current users will not be grandfathered.	Does not apply to Arizona and Louisiana plans.
Blocadren*	Timolol tablet	Alternative agents are available including atenolol, metoprolol, carvedilol, sotalol. Current users will not be grandfathered.	Does not apply to Louisiana plan.
Fluoroplex Cream 1%	Fluorouracil cream 1%	Alternative agents are available including imiquimod cream,fluorouracil solution, or fluorouracil 5% cream. Current users will not be grandfathered.	

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UnitedHealthcare Community Plan

Preferred Drug List Updates for Third Quarter 2017

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Brand Name	Generic Life	Comments	Notes
Carac* 0.5% cream	Fluorouracil 0.5% cream	Alternative agents are available including imiquimod cream, fluorouracil solution, or fluorouracil 5% cream. Current users will not be grandfathered.	
Cordran tape	Flurandrenolide tape	Alternative agents are available including betamethasone valerate 0.1% cream/ lotion, triamcinolone 0.1% cream/lotion, triamcinolone 0.025% ointment/cream/ lotion, fluticasone 0.05% cream. Current users will not be grandfathered.	
Victoza	Liraglutide	Alternative agents are available including Adlyxin, Tanzeum, or Trulicity. Current users will not be grandfathered.	Does not apply to Arizona and Louisiana plans.

* Generics versions are removed from PDL

These changes don't apply to UnitedHealthcare Community Plan in Michigan, Nebraska, Iowa, Kansas, Delaware, Florida Medicaid, Texas and Mississippi.

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

UnitedHealthcare Community Plan

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

For complete details on the policy updates listed in the following table, please refer to the **May 2017 Medical Policy Update Bulletin** at **UHCCommunityPlan.com > For Health Care Professionals > Select Your State > Provider Information > UnitedHealthcare Community Plan Medical & Drug Policies and Coverage Determination Guidelines**.

Policy Title	Policy Type	Effective Date
NEW		
Hospice Care (for Florida, Louisiana, Mississippi and Tennessee)	CDG	July 1, 2017
Spinraza™ (Nusinersen)	Drug	May 1, 2017
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Medical	June 1, 2017
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Drug	May 1, 2017
Ambulance Services	CDG	July 1, 2017
Bariatric Surgery	Medical	June 1, 2017
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	CDG	June 1, 2017
Chromosome Microarray Testing	Medical	June 1, 2017
Cochlear Implants	Medical	June 1, 2017
Computerized Dynamic Posturography	Medical	May 1, 2017
Entyvio® (Vedolizumab)	Drug	July 1, 2017
Gait Analysis	Medical	May 1, 2017
Gene Expression Tests	Medical	May 1, 2017
Hepatitis Screening	Medical	May 1, 2017
Intrauterine Fetal Surgery	Medical	May 1, 2017
Manipulative Therapy	Medical	May 1, 2017
Neurophysiologic Testing	Medical	June 1, 2017
Occipital Neuralgia and Headache Treatment	Medical	May 1, 2017
Omnibus Codes	Medical	June 1, 2017
Oncology Medication Clinical Coverage Policy	Drug	July 1, 2017
Oral and Enteral Nutrition	CDG	June 1, 2017
Orencia® (Abatacept) Injection for Intravenous Infusion	Drug	May 1, 2017

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UnitedHealthcare Community Plan

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

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Policy Title	Policy Type	Effective Date
Prolotherapy for Musculoskeletal Indications	Medical	May 1, 2017
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Drug	July 1, 2017
Site of Service Guidelines for Certain Outpatient Surgical Procedures	URG	July 1, 2017
Stelara® (Ustekinumab)	Drug	July 1, 2017
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical	July 1, 2017
Total Artificial Disc Replacement for the Spine	Medical	May 1, 2017
REPLACED		
Hospice (Applies to the State of Louisiana Only)	CDG	July 1, 2017

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

UnitedHealthcare Medicare Solutions

Continuous Glucose Monitoring Coding Changes

On Jan. 12, 2017, the Centers for Medicare & Medicaid Services (CMS) issued new guidance about coverage for therapeutic Continuous Glucose Monitoring (CGM) devices used in the home and approved by the U.S. Food and Drug Administration (FDA) in place of a blood glucose monitor for making diabetes treatment decisions. Coverage for therapeutic CGM devices is available under the Durable Medical Equipment (DME) benefit when reasonable and necessary requirements are met.

In all other cases in which a CGM is not used for making diabetes treatment decisions, a CGM is considered precautionary and would not be a covered DME. The CMS ruling doesn't apply to items and services provided before the ruling's effective date.

All UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Complete plans, are impacted. The Dexcom G5 is the only CGM that has been approved by the FDA for therapeutic use.

Effective on July 1, 2017 CMS has determined that the following codes should be used when submitting claims for the Dexcom G5.

HCPCS Code	Description
K0553	Supply allowance for therapeutic continuous glucose monitoring system, includes all supplies and accessories *(1 month supply = 1 unit of service)*
K0554	Receiver (monitor); dedicated, for use with therapeutic continuous glucose monitoring system

To view the ruling, go to **cms.gov/Regulations-and-Guidance/Guidance/Rulings/Downloads/CMS1682R.pdf**.

UnitedHealthcare Medicare Solutions

New Telemedicine Policy

For claims with dates of service on or after Sept. 1, 2017, UnitedHealthcare Medicare Advantage Plan will publish a new reimbursement policy, called "Telehealth and Telemedicine Policy," to address the appropriate reporting of telemedicine services consistent with Centers for Medicare & Medicaid Services (CMS) published guidelines. Telemedicine services are reimbursable when performed and reported by an approved provider with place of service 02 to indicate that the billed service was provided as a telehealth service from a distant site and with an appropriate telemedicine modifier GT or GQ.

The policy and corresponding system enhancement only apply to services reported using the CMS-1500 form (or successor form) or its electronic equivalent.

For more information, go to **cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf**.

UnitedHealthcare Medicare Solutions

UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the policy updates listed in the following table, please refer to the **May 2017 Medicare Advantage Coverage Summary Update Bulletin** at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Medicare Advantage Coverage Summaries > Update Bulletin**.

Policy Title
UPDATED/REVISED (Approved on April 18, 2017)
Breast Reconstruction Following Mastectomy
Cosmetic and Reconstructive Procedures
Diabetes Management, Equipment and Supplies
Gastroesophageal and Gastrointestinal (GI) Services and Procedures
Genetic Testing
Hearing Aids, Auditory Implants and Related Procedures
Hyperbaric Oxygen Therapy
Laboratory Tests and Services
Mobility Assistive Equipment (MAE)
Nasal and Sinus Procedures
Nutritional Therapy: Enteral and Parenteral Nutritional Therapy
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)
Pain Management and Pain Rehabilitation
Rehabilitation: Cardiac Rehabilitation Services (Outpatient)
Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits

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

UnitedHealthcare Medicare Solutions

UnitedHealthcare Medicare Advantage Policy Guideline Updates

The following UnitedHealthcare Medicare Advantage Policy Guidelines have been updated to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The updated policies are available for your reference at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Medicare Advantage Policy Guidelines**.

Policy Title
NEW (Approved on April 12, 2017)
Therapeutic Continuous Blood Glucose Monitors
Visual Field Assessment with Concurrent Real Time Data Analysis and Accessible Data Storage
UPDATED/REVISED (Approved on April 12, 2017)
Anesthesia in Cardiac Pacemaker Surgery (NCD 10.6)
Autogenous Epidural Blood Graft (NCD 10.5)
Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3)
Cochleostomy with Neurovascular Transplant for Meniere's (NCD 50.7)
Computed Tomography (NCD 220.1)
Diagnostic Breath Analyses (NCD 100.5)
Electronic Speech Aids (NCD 50.2)
Enteral and Parenteral Nutritional Therapy (NCD 180.2)
Extracorporeal Photopheresis (NCD 110.4)
Faslodex® (Fulvestrant)
Gastrophotography (NCD 100.12)
Hemodialysis for Treatment of Schizophrenia (NCD 130.8)
Injection Sclerotherapy for Esophageal Variceal Bleeding (NCD 100.10)
Laparoscopic Cholecystectomy (NCD 100.13)
Magnetic Resonance Imaging (NCD 220.2)
Magnetic Resonance Spectroscopy (NCD 220.2.1)
Multiple Electroconvulsive Therapy (NCD 160.25)
Oxygen Treatment of the Inner Ear/Carbon Therapy (NCD 50.5)
Pneumatic Compression Devices (NCD 280.6)
Qualitative Drug Testing for Indications Other Than Mental Health
Single Photon Emission Computed Tomography (SPECT) (NCD 220.12)
Transvenous (Catheter) Pulmonary Embolectomy (NCD 240.6)

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UnitedHealthcare Medicare Solutions

UnitedHealthcare Medicare Advantage Policy Guideline Updates

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Policy Title
Ultrasound Diagnostic Procedures (NCD 220.5)
Use of Visual Tests Prior to and General Anesthesia During Cataract Surgery (NCD 10.1)
Vabra Aspirator (NCD 230.6)
Vaccination (Immunization)

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

Doing Business Better

Save a Step: You Rarely Need to File a Secondary Claim When Medicare is the Primary Payer

When Medicare is the primary payer, the Centers for Medicare & Medicaid Services (CMS) usually sends a crossover statement directly to UnitedHealthcare — eliminating the need for you to file the claim with us. Upon receipt of the Medicare Summary Notice, UnitedHealthcare will process the balance of the claim.

If your Medicare Remittance Advice includes Remittance Advice Remark Code (RARC) MA18, please allow at least 15 days for UnitedHealthcare to receive the claim from CMS and adjudicate it.

If you also submit the claim to UnitedHealthcare, it will be processed twice, creating more work for everyone. Additionally, UnitedHealthcare has found that secondary claims received directly from care providers often don't match the crossover claims from CMS and may be missing key information such as the Medicare Sequestration reduction amount.

CMS has posted a recommendation on proper billing when a commercial payer is secondary at **cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0909.pdf**.

The MLN Matters article SE0909 states:

Since payment from supplemental insurers should, as a rule, occur only after the Medicare payment has been issued, CMS requests that you do not bill your patients' supplemental insurers for a minimum of 15 work days after receiving the Medicare payment.

The article also reminds providers that only the official Medicare Summary Notice or HIPAA 835 electronic remittance advice (ERA) can be used when submitting claims to supplemental payers.

UnitedHealthcare Affiliates

Oxford New York Appeals Process Clarification

We're clarifying our process for New York member appeals in accordance with New York state law. This is not a change in our process or a new guideline.

Initial Adverse Utilization Review Determinations – Standard Appeals (non-expedited)

If we receive only a portion of the information necessary to process a clinical appeal, we'll request the missing information in writing within five business days of receipt of the partial information.

External Appeal Process

If the Clinical Appeals department upholds all or part of such an adverse determination, the member or their designee has the right to request an external appeal. An external appeal may be filed when:

1) The member has had coverage of a health care service denied on appeal, in whole or in part, on the grounds that such health care service is not medically necessary, but otherwise would have been a covered benefit, **and**

2) We've made a final adverse determination on the requested service, or UnitedHealthcare and the member have both agreed to waive any internal appeal.

When the member has had coverage for a health care service that was denied on the basis the service is experimental or investigational; **and**

a) The denial has been upheld on appeal or UnitedHealthcare and the member have agreed to waive any internal appeal; **and**

b) The member's health care provider has certified that the member has a life-threatening or disabling condition or disease that:

1. Standard health services or procedures have been ineffective or would be medically inappropriate **or**

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UnitedHealthcare Affiliates

Oxford New York Appeals Process Clarification

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2. There does not exist a more beneficial standard health service or procedure covered by the health care plan, **or**

3. There exists a clinical trial, **and**

c) The member's health care provider (who is licensed, board-certified or board-eligible physician qualified to practice in the area of practice appropriate to treat the member's life-threatening or disabling condition or disease), must have recommended either:

1. A health service or procedure (including a pharmaceutical product within the meaning of PHL 4900(5)(b)(B), that based on two documents from the available medical and scientific evidence, is likely to be more beneficial to the member than any covered standard health service or procedure; **or**

2. A clinical trial for which the member is eligible. Any physician certification provided under this section shall include a statement of the evidence relied upon by the physician in certifying their recommendation, **and**

d) The specific health service or procedure recommended by the health care provider would otherwise be covered under the policy except for UnitedHealthcare's determination that the health service or procedure is experimental or investigational.

We will not require the member to exhaust the second level of internal appeal to be eligible for an external appeal.

An external appeal must be submitted within 45 days of receipt of the final adverse determination of the first level appeal, regardless of whether a second level appeal is requested. If a member chooses to request a second level internal appeal, the member may miss the deadline to request an external appeal.

UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **May 2017 Policy Update Bulletin** at **OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin**.

Policy Title	Policy Type	Effective Date
UPDATED/REVISED		
Ablative Treatment for Spinal Pain	Clinical	June 1, 2017
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Clinical	May 1, 2017
Ambulance	Reimbursement	May 1, 2017
Assistant Surgeon	Reimbursement	May 15, 2017
B Bundle Codes	Reimbursement	June 1, 2017
Bariatric Surgery	Clinical	June 1, 2017
Behavioral Health Services	Administrative	June 1, 2017
Bilateral Procedures	Reimbursement	May 15, 2017
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	Clinical	June 1, 2017
Chelation Therapy for Non-Overload Conditions	Clinical	May 1, 2017
Chromosome Microarray Testing	Clinical	June 1, 2017
Cochlear Implants	Clinical	June 1, 2017
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical	June 1, 2017
Drug Coverage Guidelines	Clinical	May 1, 2017
		May 15, 2017
		June 1, 2017
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Administrative	May 1, 2017
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Clinical	May 1, 2017
Fecal DNA Testing	Clinical	May 1, 2017
Gene Expression Tests	Clinical	May 1, 2017
Genetic Testing	Clinical	May 1, 2017
Global Days	Reimbursement	May 1, 2017

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UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

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Policy Title	Policy Type	Effective Date
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	Clinical	June 1, 2017
Lemtrada (Alemtuzumab)	Clinical	June 1, 2017
Maximum Frequency Per Day	Reimbursement	May 15, 2017
Multiple Imaging Rules	Reimbursement	May 1, 2017
Multiple Procedures	Reimbursement	May 1, 2017
Neurophysiologic Testing	Clinical	June 1, 2017
New York Participating Provider Laboratory & Pathology Protocol	Administrative	May 1, 2017
Omnibus Codes	Clinical	June 1, 2017
Orencia® (Abatacept) Injection for Intravenous Infusion	Clinical	May 1, 2017
Otoacoustic Emissions Testing	Clinical	May 1, 2017
Par Gastroenterologists Using Non-Par Anesthesiologists: In-Office & Ambulatory Surgery Centers	Administrative	May 1, 2017
Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction	Reimbursement	May 1, 2017
Precertification Exemptions for Outpatient Services	Administrative	June 1, 2017
Preventive Care Services	Clinical	June 1, 2017
Procedure and Place of Service	Reimbursement	May 1, 2017
Replacement Codes	Reimbursement	June 1, 2017
Services and Modifiers Not Reimbursable to Healthcare Professionals	Reimbursement	May 1, 2017
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Clinical	June 1, 2017
Site of Service Guidelines for Certain Outpatient Surgical Procedures	Clinical	July 1, 2017
Specialty Medication Administration – Site of Care Review Guidelines	Clinical	June 1, 2017
Spinraza™ (Nusinersen)	Clinical	May 1, 2017
Stelara® (Ustekinumab)	Clinical	June 1, 2017
Supply Policy	Reimbursement	May 15, 2017
Telemedicine	Reimbursement	May 1, 2017
Thermography	Clinical	May 1, 2017
Time Span Codes	Reimbursement	May 15, 2017
Timeframe Standards for Utilization Management (UM) Initial Decisions	Administrative	May 1, 2017

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UnitedHealthcare Affiliates

Oxford® Medical and Administrative Policy Updates

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

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

UnitedHealthcare Affiliates

SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guideline Updates

For complete details on the policy updates listed in the following table, please refer to the **May 2017 SignatureValue/UnitedHealthcare Benefits Plan of California Medical Management Guidelines Update Bulletin** at **UHCWest.com** > Provider Log In > Library > Resource Center > Guidelines & Interpretation Manuals.

Policy Title	Effective Date
UPDATED/REVISED	
Bariatric Surgery	June 1, 2017
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	June 1, 2017
Cochlear Implants	June 1, 2017
Computerized Dynamic Posturography	May 1, 2017
Gait Analysis	May 1, 2017
Gene Expression Tests	May 1, 2017
Genetic Testing	May 1, 2017
Hepatitis Screening	June 1, 2017
Intrauterine Fetal Surgery	May 1, 2017
Manipulative Therapy	May 1, 2017
Occipital Neuralgia and Headache Treatment	May 1, 2017
Omnibus Codes	June 1, 2017
Otoacoustic Emissions Testing	May 1, 2017
Preventive Care Services	June 1, 2017
Prolotherapy for Musculoskeletal Indications	May 1, 2017
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	July 1, 2017
Total Artificial Disc Replacement for the Spine	May 1, 2017

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

UnitedHealthcare Affiliates

SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Updates

For complete details on the policy updates listed in the following table, please refer to the **May 2017 SignatureValue/UnitedHealthcare Benefits Plan of California Benefit Interpretation Policy Update Bulletin** at **UHCWest.com** > Provider Log In > Library > Resource Center > Guidelines & Interpretation Manuals.

Policy Title	Applicable State(s)	Effective Date
UPDATED/REVISED		
Acquired Brain Injury Services	Texas	June 1, 2017
Cognitive Rehabilitation	All (California, Oklahoma, Oregon, Texas, & Washington)	May 1, 2017
Treatment of Extreme Obesity	All	June 1, 2017
Weight Gain or Weight Loss Programs	All	June 1, 2017

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

UnitedHealthcare Affiliates

Revision to the Radiology Multiple Imaging Reduction Policy – Additional Reductions for Diagnostic Cardiovascular and Ophthalmology Services

To better align with the Centers for Medicare & Medicaid Services (CMS), UnitedHealthcare Oxford will implement a reimbursement policy to apply the Multiple Procedure Payment Reduction (MPPR) for diagnostic cardiovascular and ophthalmology services for Commercial products. This change takes effect Sept. 1, 2017.

In January 2013, CMS expanded its MPPR policy to cover diagnostic cardiovascular services assigned a multiple procedure indicator (MPI) of 6 and ophthalmology procedures assigned an MPI of 7. Consistent with the CMS National Physician Fee Schedule (NPFS), UnitedHealthcare Oxford will apply MPPR to the second and subsequent procedures for the technical component (TC) only and to the TC of global services assigned an MPI of 6 or 7.

The MPPR will apply when multiple services assigned MPI of 6 or 7 are provided to the same member on the same day by the same care provider or multiple care providers in the same group practice reporting under the same federal tax identification number (TIN). Services will be ranked by the CMS Total Non-Facility Relative Value Unit (RVU). The services with the highest RVU will be considered primary, and services with the lower RVU will be considered second and subsequent. The MPPR will apply independently to cardiovascular and ophthalmology services.

- For the TC of cardiovascular services (MPI 6), services ranked as primary will be allowed at 100 percent of the allowable amount. Second and subsequent services will be reduced by 25 percent of the allowable amount.
- For the TC of ophthalmology services (MPI 7), services ranked as primary will be allowed at 100 percent of the allowable amount. Second and subsequent services will be reduced by 20 percent of the allowable amount.

For codes applicable for this revision, go to **cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html**.

Once implemented, the policies will be available at **oxhp.com** > Browse our Medical and Administrative Policies > Medical and Administrative Policy Index.