



Network Bulletin: March 2015

# network bulletin

An important message 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**

In order to save you time as you go about your busy day, you can click on any of the articles below and be taken directly to that article. You can also return to the Table of Contents from any page in the Network Bulletin by simply clicking “**Table of Contents**” in the top right-hand corner of any page.

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## Front & Center

### Laboratory Benefit Management Program Claims Impact Begins April 15, 2015 for Fully Insured Members in Florida

UnitedHealthcare has been closely monitoring progress of the Laboratory Benefit Management Program and incorporating feedback we have received about the program. After meeting with many care providers and specialty organizations over the last six months, we are now ready to implement claims impact effective April 15, 2015.

As a reminder, this only applies to laboratory services for fully insured UnitedHealthcare Commercial members in Florida, excluding Neighborhood Health Partnership. Please make sure you are following Laboratory Benefit Management Program requirements for these members to avoid claims impact.

The Laboratory Benefit Management Program started Oct. 1, 2014, to help improve the quality of outpatient laboratory services, support evidence-based guidelines for patient care and lower costs for our members. Beacon Laboratory Benefit Solutions, Inc. (BeaconLBS®), which specializes in laboratory services management, administers the Laboratory Benefit Management Program on our behalf.

While claims impacts will not go into effect until April 15, 2015, providers who order tests are still required to follow program requirements today by using Physician Decision Support to order Decision Support Tests. This online tool gives care providers real-time access to evidence-based guidelines as they order tests, while gathering critical quality information to help members make better-informed choices.

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## Front & Center

### Laboratory Benefit Management Program Claims Impact Begins April 15, 2015 for Fully Insured Members in Florida

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



If you are not yet registered with BeaconLBS, please visit [BeaconLBS.com](http://BeaconLBS.com) and select Login|Register.

According to a 2014 survey of U.S. physicians sponsored by the Robert Wood Johnson Foundation, 85 percent say having specific, evidence-based recommendations they can use with patients would be an effective solution to help address the frequency of unnecessary tests and procedures.<sup>1</sup> UnitedHealthcare has been working with care providers to help ensure that Physician Decision Support complements many existing laboratory ordering systems to make it easier for physicians and laboratories to use evidence-based data while improving quality and lowering costs for our members.

We appreciate the constructive feedback that care providers and specialty organizations have shared with us about the Laboratory Benefit Management Program. As a result of this input and further assessment of our **Decision Support Test** policies, we have removed two tests from the list of Decision Support Tests: prenatal profile and gestational diabetes one-hour screen.

In addition, we used your feedback to help integrate Physician Decision Support with additional laboratory ordering systems and electronic medical records (EMR) applications.



Please click here to view the full list of currently integrated applications. If you do not see the EMR you use on this list, we encourage you to contact



[BeaconLBS.com/contact](http://BeaconLBS.com/contact) or [info@beaconlbs.com](mailto:info@beaconlbs.com) to request integration.

Please contact your UnitedHealthcare Provider Advocate or network manager if you have questions or feedback as you implement the program in your practice. Thank you.

<sup>1</sup> Survey: Physicians Are Aware That Many Medical Tests and Procedures are Unnecessary, See Themselves as Solution. The ABIM Foundation, Feb. 12 - March 21, 2014.





## Front & Center

### Injectable Chemotherapy Prior Authorization Requirement for Commercially Insured

Effective June 1, 2015, UnitedHealthcare Commercial (excluding indemnity/preferred partner organization membership) and UHOne group number 755870 will require prior authorization for injectable outpatient chemotherapy drugs given for a cancer diagnosis. <sup>1</sup>

UnitedHealthcare uses the National Comprehensive Cancer Network (NCCN) compendium to review requests and claims for coverage for chemotherapy drugs administered in an outpatient setting.



This source provides independent, respected recommendations and is available at [nccn.org](http://nccn.org).

The new prior authorization review process continues to use the NCCN as the basis for coverage.

To support the injectable outpatient chemotherapy prior authorization process, we have contracted with CareCore National Oncology Division. <sup>2</sup> The new program will review specific regimens and lines of therapy.

Training options and more information about this program will be available in the provider sections of [mynhp.com](http://mynhp.com), [UHCommunityPlan.com](http://UHCommunityPlan.com) and [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) during April and will include the following:

- Training videos
- Live training seminar schedule
- Live question and answer session schedule
- Answers to frequently asked questions

<sup>1</sup> Injectable chemotherapy prior authorizations for Neighborhood Health Partnership, UnitedHealthcare Community Plan – Florida and UnitedHealthcare members receiving chemotherapy in the state of Florida started May 17, 2014.

<sup>2</sup> UnitedHealthcare will determine coverage decisions for the Administrative Services Only requests for prior authorizations that do not follow the NCCN guidelines.





## Front & Center

View 360 to be Discontinued as of April 22

**As of April 22, 2015, View360 will no longer be available.** View360 will be replaced by new program tools specific to each of our health plans and their plan membership populations.

- Monthly member data updates on View360 online will continue through March 2015.
- Care providers who use View360 online will continue to have access through April 22, 2015.

Over the last five years, View360 provided care opportunity information about UnitedHealthcare members who may be due or overdue for preventive screenings or other health services. Our other quality and preventive care programs – such as UnitedHealth Premium® designation program - will continue and we will introduce new programs to meet members' and providers' evolving needs.



For more information, please contact us at [View360@uhc.com](mailto:View360@uhc.com) or **866-270-5588**.



## 2015 Special Needs Plan Model of Care Training

Each year UnitedHealthcare is required to provide Centers for Medicare & Medicaid Services (CMS) Special Needs Plan (SNP) Model of Care training to all participating UnitedHealthcare Special Needs Plan providers. This training assists you in understanding the tools available to you to support members with special needs in managing their care.

Models of Care (MOCs) are considered an important quality improvement tool and integral component for helping ensure the unique needs of each member in our SNPs are identified and addressed. The MOC is comprised of the following:

- Description of the SNP Population
- Care Coordination
- SNP Provider Network
- MOC Quality Measurement & Performance Improvement



To access the required annual training, please go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Tools & Resources > Training & Education.*





## Front & Center

### New Prior Authorization Requirements for Private Duty or Shift Care Nursing

Effective April 2, 2015, prior authorizations for private duty nursing or shift care nursing must be sent to the national intake team in the following states:

- Pennsylvania
- Delaware
- Rhode Island
- New Jersey



Prior authorization requests can be made online at **UnitedHealthcareOnline.com**, by faxing in the prior authorization form or by phone. The prior authorization form and contact phone numbers are available at **UHCommunityPlan.com** > *For Health Care Professionals* > *Select Your State* > *Provider Forms*.

Callers who contact a shift care nurse or care manager to request prior authorization will be redirected to the national intake team.

The prior authorization form must include all items, including diagnosis code, service code, number of hours and the name of the provider. The Letter of Medical Necessity must be attached to all initial requests along with any supporting documentation. All reauthorizations must include the 485, two weeks of clinical documentation and the 60-day summary. Requests for increase in services should also have a Letter of Medical Necessity with supporting documentation.

Once the authorization request is received, it will follow the same process as other requests and may take up to 14 days for a decision. The private duty nursing team works with providers to answer questions promptly. Fax in all supporting documentation with prior authorization requests gives the team the information needed for a speedy decision.

Once a request is approved, a care manager will reach out to the appropriate agency and a fax will be sent to the provider with the determination.





## Front & Center

### Provider's Role in Coordination of Care for Dual Special Needs Plan Members

Providers have an especially important role in the coordination of care for our Dual Special Needs Plan (DNSP) members. As outlined in our 2015 DNSP Model of Care, each member has access to an interdisciplinary care team. The care team includes the member and the provider, plus the member's caregivers, case managers, community health workers and others identified by the member.

The care team collaborates to develop and share an individualized care plan to meet the member's unique care needs.



The initial care plan, and updates to it, will be shared between the team using fax, email, mail, as well as at **UHCommunityPlan.com**, **UnitedHealthcareOnline.com** and Community Care.

The care provider's specific role on the team is to:

- Review the member's care plan
- Comment and/or provide feedback to the care plan
- Interact with the care team to help ensure coordination of care and secure access to specialized benefits to meet the member's needs
- Participate in care team meetings when requested

For our highest risk members, we will share members' Individual Care Plans (ICPs) with providers and other care team members using Community Care. Community Care is our online health care management tool designed to improve collaboration between the member and the individuals on a member's care team. It gives the care team real-time access to the member's ICP to make care coordination easier.



Once available, information on how to request access to Community Care and the User Guide will be provided on **UnitedHealthcareOnline.com** and **UHCommunityPlan.com**.





## Front & Center

### Prior Authorization and Advance Notification Requirement Update for Orthopedic Procedures

As previously communicated in the January Network Bulletin, orthopedic procedures is a new category that will be added to the advance notification or prior authorization requirements for the UnitedHealthcare and UnitedHealthcare West Commercial and Medicare Advantage Plans, effective April 6, 2015.

These three new codes will become effective for UnitedHealthcare Community Plans on June 1, 2015.

The most up-to-date list of procedures requiring Advance Notification or Prior Authorization for:

- UnitedHealthcare Commercial, as well as UnitedHealthcare Medicare Advantage and UnitedHealthcare West Medicare Advantage Plans can be found at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Clinician Resources > Advance & Admission Notification*
- UnitedHealthcare Community Plans can be found at [UHCommunityPlan.com](http://UHCommunityPlan.com) > *For Health Care Professionals > Select your State.*

Service Category	Applies To	Added Codes
Orthopedic Procedures	UnitedHealthcare Commercial Plans – effective April 6, 2015	29914 29915 29916
	UnitedHealthcare Medicare Advantage Plans – effective April 6, 2015	
	UnitedHealthcare Community Plans – earliest start date will be June 1, 2015. Please go to the individual state's prior authorization list for the actual start date.	





## Front & Center

### Update: Member Payments Program

Available via our [myuhc.com](http://myuhc.com)<sup>®</sup> member website, Member Payments allows UnitedHealthcare Commercial members to pay their medical providers online through the InstaMed payments network. This helps UnitedHealthcare members more conveniently manage and pay their health care expenses, and helps providers get paid faster and more easily.

There are now two options for providers to participate in the Member Payments program. By registering [with InstaMed](#), providers can select one of the following options to receive these payments electronically:

#### Member Payments

##### FREE eCheck payments

- Members pay using HSA/bank accounts
- Payments are electronically deposited to providers' designated bank account(s)
- Email notifications when payments are made
- Integration with patient accounting systems
- Access to real-time payment reports available 24 hours a day, seven days week

#### Member Payments Plus

##### FREE eCheck payments

##### 2.99% transaction fee for card payments

- Provides the same advantages as the Member Payments program AND members can pay using credit/debit cards



**Register today to receive** these payments electronically. To learn more about the program, attend an upcoming **webinar** or call **866-945-7990**.





## UnitedHealthcare Commercial

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

For details on the policy updates listed in the table on the following page, please refer to the monthly **Medical Policy Update Bulletin** at **UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines > Medical Policy Update Bulletin.**

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## UnitedHealthcare Commercial

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

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Policy Title	Policy Type	Effective Date	Medical Policy Update Bulletin
<b>NEW</b>			
Balloon Sinus Ostial Dilation	Medical Policy	April 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Entyvio (Vedolizumab)	Drug Policy	March 1, 2015	<a href="#">Dec. 2014</a> <a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a>
Hysterectomy for Benign Conditions	Medical Policy	April 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Off-Label/Unproven Specialty Drug Treatment	Drug Policy	March 1, 2015	<a href="#">Feb. 2015</a>
Simponi Aria (Golimumab)	Drug Policy	March 1, 2015	<a href="#">Dec. 2014</a> <a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a>
<b>UPDATED/REVISED</b>			
Abnormal Uterine Bleeding and Uterine Fibroids	Medical Policy	Feb. 1, 2015	<a href="#">Feb. 2015</a>
Bone and Soft Tissue Healing and Fusion Enhancement Products	Medical Policy	March 1, 2015	<a href="#">Feb. 2015</a>
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Coverage Determination Guideline	March 1, 2015	<a href="#">Feb. 2015</a>
Hepatitis Screening	Medical Policy	N/A	<a href="#">Feb. 2015</a>
Home Hemodialysis	Medical Policy	March 1, 2015	<a href="#">Feb. 2015</a>
Omnibus Codes	Medical Policy	March 1, 2015	<a href="#">Feb. 2015</a>
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical Policy	March 1, 2015	<a href="#">Feb. 2015</a>

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





## UnitedHealthcare Commercial Reimbursement Policy

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, enrollee benefit coverage documents, UnitedHealthcare medical or drug policies, and the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Once implemented the policies may be viewed in their entirety at [UnitedHealthcareOnline.com > Tools & Resources > Policies and Protocols > Reimbursement Policies-Commercial](#). In the event of an inconsistency or conflict between the information provided in the Network Bulletin and the posted policy, the provisions of the posted policy prevail.





## UnitedHealthcare Commercial Reimbursement Policy

### Changes to Reimbursement Policies that Apply to Commercial Claims Subject to the River Valley Entities Supplement

Effective for Commercial claims with dates of service on or after June 1, 2015, UnitedHealthcare of the River Valley is pleased to announce the following:

- We will adjudicate Commercial claims that are subject to the River Valley Entities Supplement in accordance with the reimbursement policies used by most other UnitedHealthcare Commercial plans, located at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > *Tools & Resources* > *Policies, Protocols and Guides* > *Reimbursement Policies - Commercial*. Changes to UnitedHealthcare Commercial reimbursement policies or implementation of any new reimbursement policies will be communicated in a future Network Bulletin.
- We will no longer adjudicate Commercial claims that are subject to the River Valley Entities Supplement, in accordance with UnitedHealthcare of the River Valley's reimbursement policies. You may find these policies at [UHCRiverValley.com](http://UHCRiverValley.com) > *Provider* > *Coverage Policy Library*. These reimbursement policies will no longer be available at this location on and after June 1, 2015.

This applies to those participating providers and commercial claims that are subject to the River Valley Entities Supplement to the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide.



### Revision to the Laboratory Services Policy

The American Medical Association recently added new codes within the Pathology and Laboratory section of CPT codes 80300-80377. To align with the Centers for Medicare & Medicaid Services (CMS) guidance on the reporting of drugs of abuse testing, UnitedHealthcare will no longer reimburse CPT 80300-80377 until more definitive direction is received from CMS on how these codes should be paid. The change to the policy will become effective for claims with dates of service on and after June 1, 2015.



For more information on the reporting of these codes, please refer to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/CY2015-CLFS-Codes-Final-Determinations.pdf>





## Doing Business Better

### Avoid Disruption in Claims Processing With UnitedHealthcare-Register Your NPI Number or Your 'Atypical' Status With Us

The Health Insurance Portability and Accountability Act (HIPAA) requires the use of National Provider Identifiers (NPI) in administrative and financial transactions by health care providers.

To avoid disruption of claims UnitedHealthcare processes, please register your 10-digit NPI number or your 'Atypical' status with us by April 1, 2015. The Centers for Medicare & Medicaid Services (CMS) requires that providers have a 10-digit NPI number. Providers with 'Atypical' status are not required to have a 10-digit NPI. 'Atypical' providers are individuals and organizations that furnish atypical or nontraditional services that are indirectly health care-related, such as taxi services, home and vehicle modifications, habilitation, and respite services.



For more information about 'atypical' providers, go to **CMS.gov** and search for NPI Final Rule.

Claims received by UnitedHealthcare **after May 13, 2015** without an NPI number or an 'Atypical' designation will be rejected.



For more information on NPI, please **click here**.

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## Doing Business Better

### Avoid Disruption in Claims Processing With UnitedHealthcare- Register Your NPI number or Your 'Atypical' Status With Us

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#### Register your NPI in one of three ways:

- **UnitedHealthcareOnline.com:** After logging in, select Practice/Facility Profile from the top menu; then View/Update NPI information.
- **Provider Demographic Change Form:** Complete and fax as indicated on the form. The change form is posted on [UnitedHealthcareOnline.com > Tools & Resources > National Provider Identifier](#).
- Call the United Voice Portal at 877-842-3210 and follow the prompts.

#### Register your 'Atypical' status:

- Call the United Voice Portal at 877-842-3210 and follow the prompts.



If you have not obtained an NPI, apply on the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/NPPES>. For more information on NPI, visit [UnitedHealthcareOnline.com > Tools & Resources > National Provider Identifier](#).



There are additional instructions for each method available at [UnitedHealthcareOnline.com > Tools & Resources > National Provider Identifier](#). If you have not obtained an NPI, apply on the **National Plan and Provider Enumeration System** (NPPES) website.





## UnitedHealthcare Medicare Solutions UnitedHealthcare Medicare Advantage Coverage Summary Updates

For complete details on the updated/revised policies listed in the table on the following page, please refer to the **Medicare Advantage Coverage Summary Update Bulletin** at [UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Medicare Advantage Coverage Summaries > Update Bulletin](#).

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## UnitedHealthcare Medicare Solutions

UnitedHealthcare Medicare Advantage Coverage Summary Updates

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Policy Title	Approval Date	Update Bulletin
<b>UPDATED/REVISED</b>		
Allergy Testing and Allergy Immunotherapy	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Ambulance Services	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Blepharoplasty	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Brachytherapy Procedures	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Cardiovascular Diagnostic Procedures	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Chelation Therapy	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Dialysis Services	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Evaluation and Management Services	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Infusion Pump Therapy	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Joints and Joint Procedures	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Laser Procedures	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Pain Management and Pain Rehabilitation	Jan. 20, 2015	<a href="#">Feb. 2015</a>
Radiologic Therapeutic Procedures	Jan. 20, 2015	<a href="#">Feb. 2015</a>

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





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

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

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## UnitedHealthcare Community Plan

### Medical Policy & Coverage Determination Guideline Updates

Policy Title	Policy Type	Effective Date	Medical Policy Update Bulletin
<b>NEW</b>			
Balloon Sinus Ostial Dilation	Medical Policy	June 1, 2015	<a href="#">Mar. 2015</a>
<b>UPDATED/REVISED</b>			
Abnormal Uterine Bleeding and Uterine Fibroids	Medical Policy	Feb. 1, 2015	<a href="#">Feb. 2015</a>
Bone or Soft Tissue Healing and Fusion Enhancement Products	Medical Policy	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacement	Coverage Determination Guideline	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Home Hemodialysis	Medical Policy	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Omnibus Codes	Medical Policy	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs	Coverage Determination Guideline	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Medical Policy	April 1, 2015	<a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>

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





## UnitedHealthcare Community Plan

### UnitedHealthcare Connected of Texas Launched March 1, 2015

UnitedHealthcare Connected (Medicare-Medicaid Plan) is a federal-state partnership in Harris County, Texas to offer integrated benefits for Medicare-Medicaid members began on March 1, 2015.

The Centers for Medicare & Medicaid Services (CMS) and the State of Texas Health and Human Services Commission (HHSC) established a federal-state partnership to implement the Texas Dual-Eligible Integrated Care Demonstration.

The initiative aims to integrate the current, fragmented model of care for Medicare-Medicaid beneficiaries by creating a single point of accountability for the delivery, coordination, claims payment and management of Medicare and Medicaid services. Services include primary, preventive, acute, specialty, behavioral health services, nursing facilities, long-term services and supports, and pharmacy products. A virtual community care service center allows primary care physician coordination with service coordinators and other care providers, along with active participation from members and member representatives regarding their health care.

To better serve individuals who are recipients of both Medicare and Medicaid, care providers received an amended agreement appendix for this initiative.



For more information, please go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > *For Health Care Professionals > TX > Provider Information > UnitedHealthcare Connected.*





## UnitedHealthcare Community Plan Sinuplasty Procedures to be Added to the Prior Authorization List

Effective June 1, 2015, the following UnitedHealthcare Community Plans will require prior authorization for nasal sinus endoscopy procedures for patients 12 years and older who have failed to have one or more of the following medical treatments: nasal lavage, antibiotics and/or corticosteroids. The procedure is not proven for patients under the age of 12. This requirement applies to the following states: Iowa, Kansas, Louisiana, Maryland, Michigan, Mississippi, New Jersey, New Mexico, Ohio, Rhode Island and Wisconsin.

The following is a list of impacted codes:

CPT Code	Procedure Description
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

The member cannot be billed for services we determined to be medically unnecessary unless the member, with the knowledge of our determination, agrees in writing to be responsible for the cost of the services.

If you have any questions regarding these requirements, please contact your UnitedHealthcare market medical director or Physician Advocate.

Failure to complete the prior authorization process will result in an administrative claim denial. Members cannot be billed for claims that are administratively denied.

A clinical denial will be issued, and a preauthorization number will not be issued, if it is determined during the clinical coverage review process that the service does not meet medical necessity criteria. Upon issuance of a clinical denial, the member and provider will receive a denial notice with the appeal process outlined. Appeals for clinical denials will be conducted by UnitedHealthcare.





## UnitedHealthcare Military & Veterans

### Updated TRICARE Provider Handbook to be Available on April 1, 2015

The updated UnitedHealthcare Military & Veterans TRICARE Provider Handbook will be available on April 1, 2015. Changes in the Handbook will be effective on July 1, 2015 for currently contracted providers and immediately for providers newly contracted on or after April 1, 2015.

The TRICARE Handbook is located on

**UnitedHealthcareOnline.com** > *Tools & Resources > Policies, Protocols and Guides, TRICARE Provider Handbook.*

You may also view the Handbook at **UHCMilitaryWest.com** > *Providers > Provider Handbook.*



### Helping your Patients with Antidepressant Medication Management



**Click here** to read about helping our members increase adherence to their medication regimen when it comes to prescribed antidepressant medication.



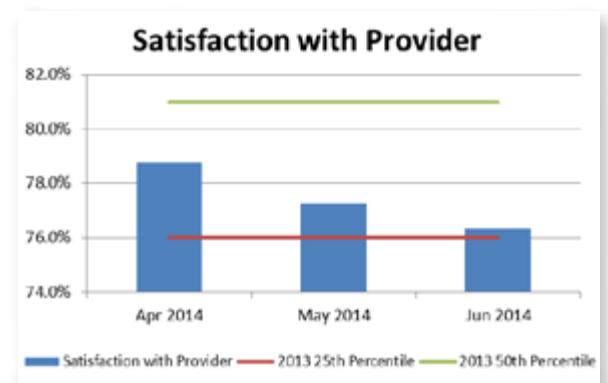
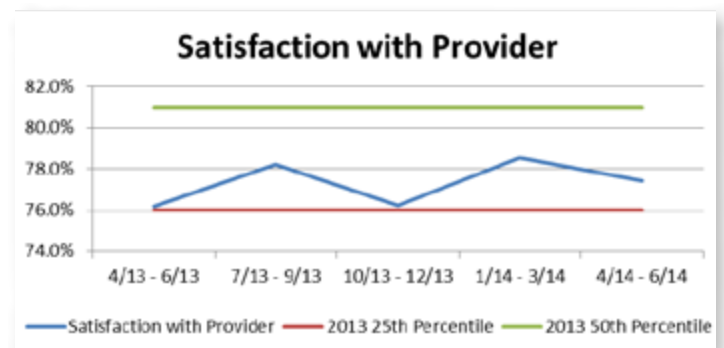


## UnitedHealthcare Military & Veterans TRICARE Beneficiary Satisfaction with their Provider

Beneficiary satisfaction with their provider has held steady around the 25th percentile when compared to the 2013 CAHPS1 benchmark. This is according to the TRICARE Regional Outpatient Satisfaction Survey (TROSS), which surveys a monthly random sampling of TRICARE beneficiaries on their recent primary or specialty care experience.

These results are slightly better than those for the Western Census region, but lag behind the rest of the nation. There is a direct correlation between beneficiary age and their satisfaction levels. Young adults rate their satisfaction as lower than their older counterparts.

Top key drivers to improving their level of satisfaction include: knowing their important medical history, spending enough time with them, and being seen less than 15 minutes from their appointment time:



CAHPS Database Clinician & Group

Composite/Item	CAHPS DB Overall	90 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	25 <sup>th</sup> Percentile
Rating of provider	76%	91%	86%	81%	76%
Composite/Item	CAHPS DB Overall	Midwest Region	Northeast Region	South Region	West Region
Rating of provider	76%	NA	82%	79%	73%





## UnitedHealthcare Affiliates

### UnitedHealthcare of the River Valley Preauthorization List and Policy Updates

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





## UnitedHealthcare Affiliates

### UnitedHealthcare of the River Valley Preauthorization List and Policy Updates

These updates apply to UnitedHealthcare of the River Valley commercial and **hawk-i** plan members only.

Policy Title	Effective Date	Coverage Policy Update Bulletin
<b>NEW</b>		
Balloon Sinus Ostial Dilation <i>*Implementation delayed; previously announced with an effective date of April 1, 2015</i>	Aug. 1, 2015*	<a href="#">Mar. 2015</a>
Clotting Factors and Coagulant Blood Products	April 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Entyvio™ (Vedolizumab)	April 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
Hysterectomy for Benign Conditions <i>*Implementation delayed; previously announced with an effective date of April 1, 2015</i>	Aug. 1, 2015*	<a href="#">Mar. 2015</a>
Simponi® Aria™ (Golimumab)	April 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a> <a href="#">Mar. 2015</a>
<b>UPDATED/REVISED</b>		
Abnormal Uterine Bleeding and Uterine Fibroids	Feb. 1, 2015	<a href="#">Feb. 2015</a>
Alemtuzumab	March 1, 2015	<a href="#">Jan. 2015</a> <a href="#">Feb. 2015</a>
Bone or Soft Tissue Healing and Fusion Enhancement Products	March 1, 2015	<a href="#">Feb. 2015</a>
Home Hemodialysis	March 1, 2015	<a href="#">Feb. 2015</a>
Omnibus Codes	March 1, 2015	<a href="#">Feb. 2015</a>
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	March 1, 2015	<a href="#">Feb. 2015</a>
Vaccines	Feb. 1, 2015	<a href="#">Feb. 2015</a>

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





## UnitedHealthcare Affiliates SignatureValue™ Benefit Interpretation Policy Updates

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

Policy Title	Applicable State(s)	Effective Date	Update Bulletin
<b>REVISED</b>			
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies	All (California, Oklahoma, Oregon, Texas, & Washington)	March 1, 2015	Feb. 2015
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid			
Genetic Testing			

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





## UnitedHealthcare Affiliates

### SignatureValue™ Medical Management Guideline Updates

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

Policy Title	Effective Date	Update Bulletin
<b>NEW</b>		
Balloon Sinus Ostial Dilation <i>*Implementation delayed; previously announced with an effective date of April 1, 2015</i>	Aug. 1, 2015*	March 2015
Hysterectomy for Benign Conditions <i>*Implementation delayed; previously announced with an effective date of April 1, 2015</i>	Aug. 1, 2015*	March 2015
<b>UPDATED/REVISED</b>		
Abnormal Uterine Bleeding and Uterine Fibroids	Feb. 1, 2015	February 2015
Bone or Soft Tissue Healing and Fusion Enhancement Products	March 1, 2015	February 2015
Home Hemodialysis	March 1, 2015	February 2015
Omnibus Codes	March 1, 2015	February 2015
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	March 1, 2015	February 2015

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





## UnitedHealthcare Affiliates Oxford® Medical and Administrative Policy Updates

For details on the new and/or revised policies listed in the following table, refer to the monthly **Policy Update Bulletin** at [OxfordHealth.com > Providers > Tools & Resources > Medical Information > Medical and Administrative Policies > Policy Update Bulletin](#).

Policy Title	Policy Type	Effective Date	Policy Update Bulletin
<b>TAKE NOTE</b>			
Balloon Sinus Ostial Dilation	Clinical Policy	April 1, 2015	<a href="#">January 2015</a> <a href="#">February 2015</a> <a href="#">March 2015</a>
Hysterectomy for Benign Conditions	Clinical Policy	April 1, 2015	<a href="#">January 2015</a> <a href="#">February 2015</a> <a href="#">March 2015</a>
<b>UPDATED/REVISED</b>			
Abnormal Uterine Bleeding and Uterine Fibroids	Clinical Policy	Feb. 1, 2015	<a href="#">February 2015</a>
Alemtuzumab	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Assistant Surgeon Policy	Reimbursement Policy	March 1, 2015	<a href="#">February 2015</a>
Cardiology Procedures Requiring Precertification	Clinical Policy	Jan. 21, 2015	<a href="#">February 2015</a>
Co-Surgeons; Team Surgeon Policy	Reimbursement Policy	March 1, 2015	<a href="#">February 2015</a>
Deep Brain Stimulation	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Drug Coverage Guidelines	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Electrical Stimulation and Electromagnetic Therapy for Wounds	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Hip Resurfacing Arthroplasty	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Immune Globulin (IVIG and SCIG)	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>

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## UnitedHealthcare Affiliates

Oxford Medical and Administrative Policy Updates

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Policy Title	Policy Type	Effective Date	Policy Update Bulletin
<b>UPDATED/REVISED</b>			
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Increased Procedural Services	Reimbursement Policy	March 1, 2015	<a href="#">February 2015</a>
In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy	Administrative Policy	May 1, 2015	<a href="#">February 2015</a>
Maximum Frequency Per Day Policy	Reimbursement Policy	Feb. 9, 2015	<a href="#">February 2015</a>
		March 1, 2015	<a href="#">February 2015</a>
Mechanical Stretching and Continuous Passive Motion Devices	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Moderate Sedation Policy	Reimbursement Policy	Feb. 9, 2015	<a href="#">February 2015</a>
Modifier SU Policy	Reimbursement Policy	Feb. 1, 2015	<a href="#">February 2015</a>
Multiple Procedures Policy	Reimbursement Policy	March 1, 2015	<a href="#">February 2015</a>
Nerve Graft to Restore Erectile Function During Radical Prostatectomy	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Obstructive Sleep Apnea Treatment	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Omnibus Codes	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Oral Anti-Diabetic Agents (Janumet, Januvia, Janumet XR, Invokana, Farxiga, Jardiance, Xigduo XR)	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Radiofrequency Therapy and Tibial Nerve Stimulation for Urinary Disorders	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Requests for In-Network Exceptions <i>*Implementation delayed; previously announced with an effective date of March 1, 2015</i>	Administrative Policy	May 1, 2015*	<a href="#">March 2015</a>
Sensory Integration Therapy and Auditory Integration Training	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>

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## UnitedHealthcare Affiliates

### Oxford Medical and Administrative Policy Updates

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Policy Title	Policy Type	Effective Date	Policy Update Bulletin
<b>UPDATED/REVISED</b>			
Services and Modifiers Not Reimbursable to Healthcare Professionals Policy	Reimbursement Policy	March 1, 2015	<a href="#">February 2015</a>
Standby Services Policy	Reimbursement Policy	Feb. 1, 2015	<a href="#">February 2015</a>
Supply Policy	Reimbursement Policy	Feb. 9, 2015	<a href="#">February 2015</a>
Surgical Treatment for Spine Pain	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
Transcranial Magnetic Stimulation	Clinical Policy	March 1, 2015	<a href="#">February 2015</a>
<b>RETIRED</b>			
Intrastromal Corneal Ring Segments	Clinical Policy	Feb. 1, 2015	<a href="#">February 2015</a>
Prosthetics	Administrative Policy	March 1, 2015	<a href="#">February 2015</a>

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

### UnitedHealthcare of the River Valley and Neighborhood Health Partnership: Disease Management Programs

UnitedHealthcare of the River Valley disease management programs serve members in the UnitedHealthcare River Valley and Neighborhood Health Partnership (NHP) plans. Services available for members include:

- Educational materials
- Periodic disease-specific newsletters
- Notification of care opportunities such as missed tests, medication compliance, and emergent patient admissions for an exacerbation
- Case management interventions for members identified at highest risk



Normal business hours are from 8 a.m. to 4:30 p.m., Monday through Friday, with voicemail options after hours. To contact us, please call **800-369-2704**. You may also fax us at **866-950-7759** or send an email to **MailWebCDM@UHC.com**.

Providers receive quarterly reports and notifications regarding care opportunities for patients. Information about the programs and disease management member and provider rights and responsibilities is available at [UHCRiverValley.com](http://UHCRiverValley.com). Providers may contact the disease management staff to request information about the programs, refer patients for services or communicate a complaint or offer feedback.





## UnitedHealthcare Affiliates

### Neighborhood Health Partnership Radiology and Cardiology Precertification Request Phone Option Update

Effective April 1, 2015, providers will have a single phone number option to request precertification for radiology/cardiology/nuclear imaging services for Neighborhood Health Partnership (NHP) members.



Providers will call CareCore National at 866-889-8054 and select the phone prompt for NHP.

The previous number used to request precertification for radiology/cardiology/nuclear imaging services for NHP members will no longer be available after April 1, 2015.



You may also continue to request precertification for radiology/cardiology/nuclear imaging services for NHP members online at **[carecorenational.com](http://carecorenational.com)**.

