



Provider ALERT

Please note the following changes to the Reimbursement policies on the Website:

Effective May 15, 2011, UnitedHealthcare Community and State plans will be introducing a new policy. The new policy is for:

- Orenzia (abatacept)

Note: Individual state regulations and contract requirements supersede specific policy language.

Note Regarding Reimbursement Policies

Unless otherwise noted below, 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 Community and State reimbursement policies do not address all issues related to reimbursement for services rendered to UnitedHealthcare Community and State members, such as the member's benefit plan documents, UnitedHealthcare Community and State medical policies and the UnitedHealthcare Community and State Physician, Health Care Professional, Facility and Ancillary Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement policies, medical policies and claims edits will continue to apply. Once implemented, the policies may be viewed, in their entirety, on your provider website>physician > Reimbursement Policies. In the event of an inconsistency or conflict between the information provided in this Provider Newsletter and the posted policy, the provisions of the posted reimbursement policy will prevail.

New Policy

Orenzia (abatacept) Drug Policy – Effective May 15, 2011

Effective for dates of service on or after May 15, 2011, UnitedHealthcare Community and State will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Orenzia (abatacept). J0129 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA) approved indications. Abatacept (J0129) is proven for the following conditions:

- In the treatment of adult patients with moderately to severely active rheumatoid arthritis
- In the treatment of moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in patients 6-years of age and older

Claims for existing patients receiving Abatacept treatment will continue to process.