



**Effective August 14, 2011, UnitedHealthcare Community and State plans will be introducing new policies. The new policies are for:**

- Rituxan (rituximab)
- Synagis (palivizumab)
- Denied Drug Codes,
- Oto-accoustical Testing
- Physical Medicine and Rehabilitation Services-Supervised Modalities
- SU Modifier

The existing policies on the items listed above will be retired.

**Effective August 14, 2011, UnitedHealthcare Community and State plans will be making changes to the following existing policies:**

- Changes to multiple policies using Modifiers 76, 77
- Multiple Imaging Reduction Policy

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

For more information on these changes-please refer to explanations that follow.

#### **Notes 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,
  - UnitedHealthcare Community and State Physician, and
  - the Health Care Professional, Facility and Ancillary Provider Administrative Guide.
- 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 Drug Policies

- **Rituxan (rituximab (J9310)) Drug Policy**

Effective for claims processed **on or after August 14, 2011**, UnitedHealthcare Community and State will implement a new policy supported by Health Care Common Procedural Coding System (HCPCS) codes (J code) and International Classification of Diseases, 9<sup>th</sup> Edition (ICD-9) codes addressing reimbursement for Rituxan (rituximab). J9310 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA) approved indications and specific, evidence based indications as supported by the National Comprehensive Cancer Network (NCCN) panel recommendations. Rituximab (J9310) is proven for oncological and non-oncological conditions. Please refer to the policy for this listing. Claims for existing patients receiving rituximab treatment will continue to process.

- **Synagis (palivizumab) Drug Policy**

Effective for claims processed **on or after August 14, 2011**, UnitedHealthcare Community and State will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Synagis (palivizumab). CPT code 90378 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA) approved indications and the American Academy of Pediatrics' recommendations for use of palivizumab for prevention of respiratory syncytial virus (RSV) infections. Palivizumab (90378) is proven:

- For the prevention of complications of respiratory syncytial virus disease in infants and young children at defined high risk.
- When administered during the five months following the onset of RSV season (typically between November and March is when the peak RSV activity occurs).
- When administered to infants and young children (at defined high risk) up to 24 months of age.
- When administered as a monthly injection and not in excess of five doses per single RSV season.

## Denied Drug Codes

Effective for claims processed **on or after August 14, 2011**, UnitedHealthcare Community and State will implement a new policy regarding how it administers the benefit for a select group of specialty drugs, regardless of the place of service and/or assisted administration.

The following list of drugs **will not be payable** under the medical benefit for the following states where these drugs are payable through the pharmacy benefit: AZ, DC, MI, IA, MD, MS CAN, NJ, NY CHIP, PA, SC, and NE.

- Growth Hormone (J2941)
  - Genotropin
  - Humatrope
  - Norditropin
  - Nutropin / Nutropin AQ / Nutropin AQ NuSpin
  - Omnitrope
  - Saizen
  - Serostim
  - Tev-Tropin
  - Zorbtive
- Insulin-Like Growth Factor
  - Increlex (J2170)

- Interferon alfa
  - Infergen (J9212)
  - Pegasys (S0145)
  - Peg-Intron (S0148)
- Monoclonal Antibody
  - Synagis (90378)
- Multiple Sclerosis Agents
  - Avonex (J1826, Q3025)
  - Betaseron, Extavia (J1830)
  - Copaxone (J1595)
  - Rebif (J1826, Q3026)
- Osteoporosis Treatment
  - Forteo (J3110)
- Tumor Necrosis Factor (TNF) Antagonists
  - Cimzia (J0718)
  - Enbrel (J1438)
  - Humira (J0135)
- Miscellaneous
  - Xolair (J2357)

All of these drugs require prior authorization and prescribers should follow the established process and procedure for submitting a request to the Community & State Pharmacy Prior Notification Service.

## **New Reimbursement Policies**

### **Oto-Acoustical Policy**

The American Academy of Pediatrics (AAP) Task Force on Newborn and Infant Hearing and the Joint Committee on Infant Hearing (JCIH) endorse the implementation of universal newborn hearing screening. Also, the U.S. Preventive Services Task Force (USPSTF) recommends screening for hearing loss in all newborn infants.

Otoacoustic emissions (OAEs) are low-intensity sounds emitted by functioning outer hair cells of the cochlea. OAEs are measured by presenting a series of very brief clicks to the ear through a probe that is inserted in the outer third of the ear canal. The probe contains a loudspeaker that generates the clicks and a microphone for measuring the resulting OAEs that are produced in the cochlea and are then reflected back through the middle ear into the outer ear canal. OAE testing requires no behavioral or interactive feedback by the individual being tested.

OAEs are used as a screening test for hearing in newborns. Other potential applications of OAE testing include screening children or at-risk populations for hearing loss, and characterizing sensitivity and functional hearing loss and differentiating sensory from neural components in people with known hearing loss.

The OAE test is an effective screening measure for middle-ear abnormalities and for moderate or severe degrees of hearing loss, because normal OAE responses are not obtained if hearing thresholds are approximately 30- to 40-dB hearing levels or higher. The OAE test does not further quantify hearing loss or hearing threshold level. The OAE test also does not assess the integrity of the neural transmission of sound from the eighth nerve to the brainstem and, therefore, will miss auditory neuropathy and other neuronal abnormalities. Individuals with such abnormalities will have normal OAE test results but abnormal auditory brainstem response (ABR) test results (Harlor, 2009).

## **UnitedHealthcare Community & State will deny Current Procedural Terminology (CPT) codes 92587 and 92588 for members over the age of three years when not submitted with a diagnosis on the attached diagnosis list.**

### **Physical Medicine and Rehabilitation: Supervised Modalities**

Consistent with the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare Community & State managed plans will not reimburse CPT codes 97010 or 97014. Reimbursement for 97010 is included in the payment for other services. Physicians and other health care professionals reporting services for unattended electrical stimulation should submit the appropriate HCPCS code (G0281, G0282 or G0283) which best describes the service being rendered. Consistent with CMS, 97014 will not be considered for reimbursement.

### **SU Modifier Policy**

Based on CMS guidelines, physicians will not be reimbursed for any procedure code billed with an “SU” modifier in an office place of service. The SU modifier indicates that a procedure was performed in a physician’s office and is used to denote use of facility and equipment. When a procedure is performed in an office setting, the physician and/or other health care professional should report his or her total charges for performing the service without the SU modifier.

## **Changes to Existing Reimbursement Policies**

### **Changes to various policies impacted by use of Modifiers 76, 77**

The Laboratory Rebundling Policy, Professional-Technical Component Policy, Rebundling Policy, Maximum Frequency per Day Policy, and Procedure to Modifier Policy will be revised to better align with the CMS and American Medical Association correct coding guidelines. Duplicate laboratory codes reported with modifiers 76 or 77 will no longer be reimbursed. This aligns with the CMS policy which denies laboratory services when reported with either modifier 76 or 77, citing that other modifiers (e.g., modifiers 59 or 91) are more appropriate.

### **Multiple Imaging Reduction Policy - Policy Revision to Eliminate Eleven Diagnostic Imaging Families**

Effective with claims submitted with a date of service **on or after June 1, 2011**, UnitedHealthcare Community & State affiliated plans will adopt the changes in the CMS 2011 multiple imaging reduction payment policy. With this revision, UnitedHealthcare will align with the CMS's multiple imaging payment methodology and treat the services as if they were from a single diagnostic imaging family. The 50 percent imaging reduction will be applied to the allowable amount for the technical component of multiple imaging procedures reported in the same patient session that are considered second and/or subsequent.

These changes will apply to all codes that have a CMS multiple procedures Indicator of four on the CMS National Physician Fee Schedule (NPFSS).