New Reimbursement Policies and Changes to Existing Reimbursement Policies

Effective November 1, 11, and 14, 2012

New Policies

As of November 11, 2012 - Effective Date
UnitedHealthcare Community Plan will introduce one new policy:
- OB Ultrasound Policy

As of November 14, 2012 - Effective Date
UnitedHealthcare Community Plan will introduce five new policies:
- Hereditary Angioedema Agents (HAE) Policy
- Stelara Policy
- Benlysta Policy
- Actemra Policy
- Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors Policy

Policy Changes

As of November 1, 2012 - Effective Date
UnitedHealthcare Community Plan will make changes to one existing policy:
- Synagis (Palivizumab) Policy

As of November 11, 2012 - Effective Date
UnitedHealthcare Community Plan will make changes to one existing policy:
- Clinical Diagnostic Lab Policy

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

Additional information on these changes follow:
New Reimbursement Policies

OB Ultrasound Policy
November 11, 2012 - Effective Date

This policy, effective for claims processed on or after November 11, 2012, will allow reimbursement for routine OB Ultrasounds (CPT codes 76801, 76802, 76805, 76810, 76815, and 76816) when submitted with a diagnosis code found on the Routine OB Ultrasound allowed diagnosis code list. Reimbursement for a Detailed OB Ultrasound (CPT codes 76811 and 76812) will be allowed when submitted with a diagnosis code found on the Detailed OB Ultrasound-allowed diagnosis code list. If either service is submitted without a diagnosis code found on its respective allowed list, the Ultrasound service will be denied.

Hereditary Angioedema (HAE) Agents Policy
November 14, 2012 - Effective Date

This policy is effective for claims with a Date of Service on or after November 14, 2012. UnitedHealthcare Community Plan will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Hereditary Angioedema (HAE) Agents:

- Berinert (C1 Inhibitor, Human) J0597
- Cinryze (C1 Inhibitor, Human) J0598
- Kalbitor (ecallantide) J1290

J0597, J0598 and J1290 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA)-approved indications. Berinert (J0597), Cinryze (J0598) and Kalbitor (J1290) are proven for the treatment of hereditary angioedema. Please refer to the policy for additional information.

Stelara (ustekinumab) Policy
November 14, 2012 - Effective Date

This policy is effective for claims with a Date of Service on or after November 14, 2012. UnitedHealthcare Community Plan will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Stelara (ustekinumab), J3357.

J3357 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA)-approved indications. Stelara (J3357) is proven for the treatment of plaque psoriasis in patients 18 and older. Please refer to the policy for more information.
Benlysta (belimumab) Policy
November 14, 2012 - Effective Date
This policy is effective for claims with a Date of Service on or after November 14, 2012. UnitedHealthcare Community Plan will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Benlysta (belimumab), J0490.

J0490 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA)-approved indications. Benlysta (J0490) is proven for the treatment of systemic lupus erythematosus in patients 18 and older. J0490 will not be reimbursed for any patient younger than age 18, regardless of diagnosis provided. Please refer to the policy for more information.

Actemra (tocilizumab) Policy
November 14, 2012 - Effective Date
This policy is effective for claims with a Date of Service on or after November 14, 2012. UnitedHealthcare Community Plan will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Actemra (tocilizumab), J3262.

J3262 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA)-approved indications. Actemra (J3262) is proven for the treatment of rheumatoid arthritis and systemic juvenile idiopathic arthritis. Please refer to the policy for more information.

Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors Policy
November 14, 2012 - Effective Date
This policy is effective for claims with a Date of Service on or after November 14, 2012. UnitedHealthcare Community Plan will implement a new policy supported by HCPCS codes (J code) and ICD-9 codes addressing reimbursement for Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors:

- Lucentis (ranibizumab) J2778
- Macugen (pegaptanib sodium) J2503
- Eylea (afiblercept) Q2046
- Avastin (bevacizumab) J9035

J2778, J2503, Q2046 and J9035 will be reimbursed for proven uses as supported by Food and Drug Administration (FDA)-approved indications and specific, evidence-based indications as supported by published, peer-reviewed medical literature. Lucentis (J2778), Macugen (J2503), Eylea (Q2046) and Avastin (J9035) are proven for the treatment of macular degeneration and other ophthalmic conditions. Please refer to the policy for this listing.
Changes to Existing Reimbursement Policies

Synagis (palivizumab) Policy
November 1, 2012 – Effective Date

The edits that support this policy will allow Synagis (palivizumab), CPT code 90378, when submitted with a diagnosis code found on the allowed diagnosis code list. When Synagis (90378) is billed with a diagnosis code not found on the allowed diagnosis code list, the claim will deny. To maintain consistency with our internal business partners, the policy is being updated with the deletion of previously allowed diagnosis codes. This will be effective for claims with a Date of Service on or after November 1, 2012. Please refer to the full policy to view the changes. The updated policy will be available by September 1, 2012.

Clinical Diagnostic Lab Policy
November 11, 2012 - Effective Date

Based on the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) Coding Policy Manual, services excluded from coverage include routine physical examinations and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury. CMS interprets these provisions to prohibit coverage of screening services, including laboratory tests furnished in the absence of signs, symptoms, or personal history of disease or injury. A national coverage policy for diagnostic laboratory test(s) is a document stating CMS’s policy with respect to the circumstances under which the test(s) will be considered reasonable and necessary. The patient should have signs or symptoms of a disease that warrant testing. Testing should not be done on a routine basis for screening purposes.

This update, effective for claims processed on or after November 11, 2012, will allow clinical diagnostic lab procedure(s) when submitted with a diagnosis code found on the allowed diagnosis code list. When the clinical diagnostic lab procedure is billed as a routine screening service, as evidenced by the diagnosis code not found on the allowed diagnosis code list, the procedure code will deny.

New edits are being put in place for the following diagnostic lab tests:

- Collagen Crosslinks – CPT code 82523
- Digoxin Therapeutic Drug Assay – CPT code 80162
- Glycated Hemoglobin/Glycated Protein – CPT codes 82985 and 83036
**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 Plan reimbursement policies do not address all issues related to reimbursement for services rendered to UnitedHealthcare Community Plan members, such as the member’s benefit plan documents; UnitedHealthcare Community Plan medical policies;, and the UnitedHealthcare Community Plan Physician, 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 at UHCCommunityPlan.com > Find Plans By State (click on the appropriate state) > If you are a Health Professional > Reimbursement Policies.

In the event of an inconsistency or conflict between the information provided in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy will prevail. If you have any questions please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.