UnitedHealthcare Community Plan

New Reimbursement & Drug Policies and Changes to Existing Reimbursement Policies

New Reimbursement Policy — Effective March 1, 2014

Effective for claims with dates of service on or after March 1, 2014, UnitedHealthcare Community Plan will implement a new Reimbursement Policy for Adjunct Professional Services.

- Certain medical services performed by professional providers are an integral but separate adjunct component of an authorized or covered medical service. Separate adjunct medical services performed by an anesthesiologist, pathologist, radiologist or consultant when performed in combination with a covered inpatient admission, surgical procedure or other medical service will be considered for reimbursement regardless of the presence of an authorization **except** for specific services which are explicitly listed as requiring authorization on the prior authorization list.

New Drug Policy — Effective Feb. 15, 2014

Effective for claims with dates of service on or after Feb. 15, 2014, UnitedHealthcare Community Plan will implement a new drug policy for Oncology Medication Clinical Coverage.

Oncology Medication Clinical Coverage Policy:

UnitedHealthcare Community Plan will start using the National Comprehensive Cancer Network (NCCN) Compendium in reviewing requests for coverage for chemotherapy injectable drugs (J9000 – J9999) administered in an outpatient setting for members ages 19 and older effective Feb. 15, 2014. The Compendium provides an independent resource for making chemotherapy coverage decisions.

Here are some important policy details:

1) If the NCCN compendium lists the drug with a recommendation level 1, 2A or 2B for the condition, the service is eligible for reimbursement based on the member's certificate of coverage. In general, we do not cover recommendations with Level 3 evidence.
2) NCCN updates their compendium as new drugs or changes are made.
3) This new drug policy requires that you include the primary cancer diagnosis on the claim. Claims submitted with only a V58.1 diagnosis code may require more information before a coverage decision.
4) This policy applies to chemotherapy drugs (J9000 – J9999) only. It does NOT apply to supportive care drugs (i.e., erythropoiesis-stimulating agents, antiemetics, colony-stimulating factors).

5) The policy applies to members ages 19 and older. The majority of pediatric patients receive treatments on national pediatric protocols that are similar to NCCN patient care guidelines.

We previously announced this program would launch in mid-2013. The launch was rescheduled to begin Feb. 15, 2014.

Reimbursement Policy Changes — Effective Feb. 15, 2014

Effective for claims processed on or after Feb. 15, 2014, we will make changes to these reimbursement policies:

- Add-On Code Policy
- Contrast and Radiopharmaceutical Materials Policy
- DME Policy
- Laboratory Rebundling Policy

Add-On Code Policy:

The current Add-On Policy specifies that UnitedHealthcare Community Plan follow the American Medical Association, Current Procedural Terminology (CPT) and the Centers for Medicare and Medicaid Services (CMS) guidelines for when a specific add-on code should be reported in conjunction with a given primary procedure or service. Add-on codes enable physicians or other health care professionals to separately identify a service performed in certain situations as an additional service or a commonly performed supplemental service complementary to the primary service/procedure.

Key phrases in code descriptions that identify add-on codes include, but are not limited to:

- List separately in addition to; and
- Each additional; and
- Done at time of other major procedure.

Many add-on codes specify the corresponding primary code. There are instances where a primary/add-on code relationship may exist with respect to a CPT or Healthcare Common Procedure Coding System (HCPCS) code that is not specified in the description for the add-on code, but is addressed by CMS or specialty society guidelines. We follow these sources when CPT does not identify any specific primary codes that correlate with an add-on code, but instead provides verbiage such as, “List separately in addition to primary procedure” or “Report separately in addition to the primary code.” For example, the CPT description for code 61782 provides cranial, extramural (list separately in addition to code for primary procedure). Although a primary code is not specified, the add-on concept applies.

Effective Feb. 15, 2014, the Add-On Policy will be revised to recognize additional CPT and add-ons to primary code (CPT or HCPCS) edits for those codes with verbiage such as "List separately in addition to code for primary procedure" or "Report separately in addition to the primary procedure." These codes will be considered as add-on codes and will require an associated primary code based on CMS, CPT or specialty society guidelines.

Contrast and Radiopharmaceutical Materials Policy:

The Contrast and Radiopharmaceutical Materials Policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians and other health care professionals for high and low osmolar contrast and radiopharmaceutical materials. This policy will be revised effective Feb. 15, 2014, to further align with the CMS payment policy for radiologic procedures and materials included in the CMS Ambulatory Surgical Center Fee Schedule (ASCFS) addendum BB.

We will consider separate reimbursement of contrast and radiopharmaceutical materials reported with an eligible imaging or nuclear medicine procedure in Ambulatory Surgery Center (ASC) place of service (POS) 24 if the contrast and radiopharmaceutical material is not designated by CMS as being included in the ASC rate or as separately reimbursable to the ASC. Please see the CMS ASCFS Addendum BB for codes that are not separately reimbursable. The CMS ASCFS Addenda is available for download at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.

DME Policy:

The DME Policy currently applies certain rental and purchase guidelines from the CMS Durable Medical Equipment, Prosthetics/Orthotics & Supplies Fee Schedule to participating DME, orthotics and prosthetics vendors only. The policy will be revised to apply claims from non-network DME, orthotics or prosthetics vendors, home health services/home health agencies and any physician or other health care professional reporting DME, orthotics or prosthetics services on a CMS-1500 or its electronic equivalent, or its successor form. Please refer to the current published policy at UHCCommunityPlan.com for more information.

Laboratory Rebundling Policy:

The Laboratory Rebundling Policy will be renamed as the Laboratory Services Policy to more accurately reflect the services addressed in the policy.

The following policy changes apply only to those states that have a Medicare line of business.

To align with CMS guidance related to qualitative drug screening codes, UnitedHealthcare Community Plan will require the use of HCPCS codes G0431 and G0434 to report drug screen testing. We will no longer reimburse CPT codes 80100, 80101 and 80104 for these services.

For more information on reporting these codes, please visit: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1105.pdf.

Please note that 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 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 our members, such as the member's benefit plan documents; our 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 and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

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