



Nebraska | Spring 2016

practice**matters**



For More Information

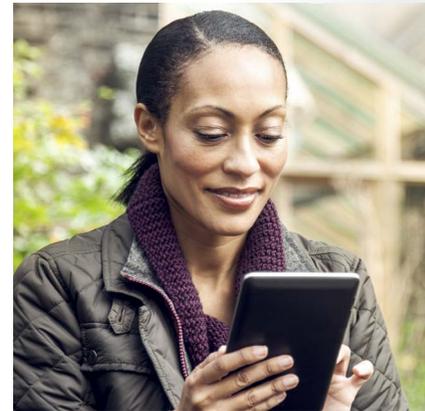
Call our Provider Services Center at **866-331-2243**

Visit **UHCommunityPlan.com**

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We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about Electronic Payments & Statements, disease management, clinical practice guidelines, and much more. Happy spring!



Important information for health care professionals and facilities



Prior Authorization Requirement for Functional Endoscopic Sinus Surgery Procedures

Beginning May 2, 2016, certain functional

endoscopic sinus surgery procedures will require prior authorization for many UnitedHealthcare Commercial and UnitedHealthcare Community Plan Medicaid benefit plans, excluding Medicare Dual Special Needs Plans and Medicare Medicaid plans. This requirement was announced in the February issue of the Network Bulletin.

This change is part of our ongoing responsibility to regularly evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs.

The following functional endoscopic sinus surgery procedures will require prior authorization to evaluate medical necessity in all sites of care:

Procedures	CPT Codes
Nasal/sinus endoscopy, surgical	31237, 31239, 31240, 31254, 31255, 31256, 31267, 31276, 31287, 31288

In previous communications about this requirement, CPT code 31238 was included. Prior authorization will not be required for that procedure code. This requirement is effective for UnitedHealthcare Commercial and UnitedHealthcare Community Plan members for dates of service on or after May 2, 2016 in most states. For details, go to UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Prior Authorization for Functional Endoscopic Sinus Surgery FAQ.

If you have questions, please contact your local Network Management representative or call the provider services number on the back of the member's UnitedHealthcare ID card.

Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the **Provider Manual**.

Decisions regarding coverage are based on the individual benefit plan as well as appropriateness of care and service. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

If a service is denied, the treating physician has the right to request a peer-to-peer discussion with the reviewing physician and a copy of the criteria used in the review. Members and practitioners also have the right to appeal denial decisions. Information on requesting an appeal is included in the denial letter.

Appeals are reviewed by a physician who was not involved in the initial denial decision and is of the same or similar specialty as the requesting physician.



If you have questions about the process, please contact our staff toll-free at **866-331-2243**. Staff members are available during normal business hours.

Member Rights and Responsibilities

The UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the **Provider Manual**. Member Rights and Responsibilities are distributed to new members upon enrollment and then annually.

Get Updated Clinical Practice Guidelines

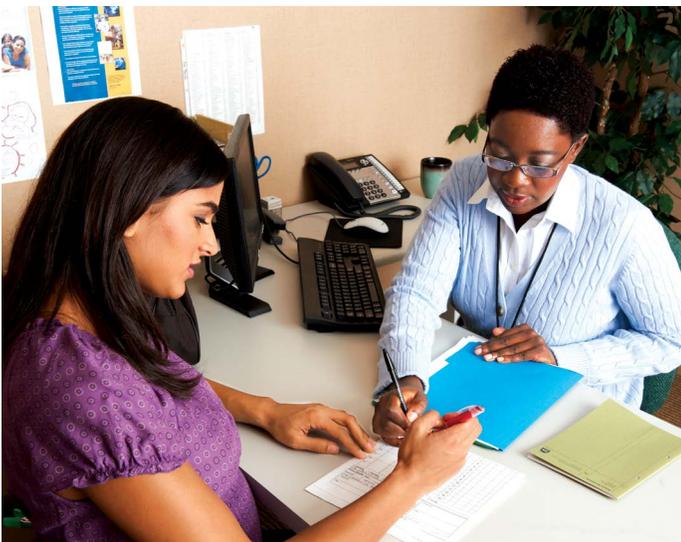
Clinical Practice Guidelines are available at UHCCommunityPlan.com. UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support practitioners in making decisions about health care. Guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.



To view a complete list of the most current guidelines, go to UHCCommunityPlan.com > **For Health Care Professionals > Nebraska > Clinical Practice Guidelines.**

Reminder to Enroll in Electronic Payments & Statements

Electronic Payments and Statements (EPS) is UnitedHealthcare's solution for electronic remittance advice (ERA) and electronic funds transfer (EFT). It allows you to receive direct deposit of claim payments into your designated bank account(s) and access explanation of benefits (EOBs)/remittance advice online or via 835 ERA files. You can use EPS to access and manage payment information.



You can learn more by:

- Visiting WelcometoEPS.com
- Watching a short **video demo**
- Attending a live 30-minute **webinar** for an overview and answers to questions



Enroll in EPS **online** or send us a completed **enrollment form**. If you have questions, please call **866-842-3278**, option 5.

New Helicobacter Pylori Testing Medical Policy

UnitedHealthcare introduced a new medical policy, effective March 1, 2016 for UnitedHealthcare Community Plan members, for the testing, evaluation and management of dyspepsia and peptic ulcer disease (PUD).

The new medical policy describes the American Gastroenterological Association guidelines stating that serology testing (CPT code 86677) which does not test for an active *Helicobacter pylori* (*H. pylori*) infection should no longer be used. Stool antigen test or urea breath test should be used rather than serology testing to both diagnose and confirm eradication of an active *H. pylori* infection.

H. pylori is a class I carcinogen linked as a causative agent in PUD gastric adenocarcinoma and mucosa-associated lymphoid tissue (MALT) lymphoma. The medical policy reflects a “test, treat, retest and confirm eradication” policy in cases of *H. pylori* infection linked to the development of PUD, gastric malignancy and dyspeptic symptoms, instead of moving directly to proton pump inhibitor (PPI) therapy.

UnitedHealthcare developed the *H. pylori* testing policy from guidelines issued by the American Gastroenterological Association and the American College of Gastroenterology that emphasize:

- Eliminating serology use because studies show that about 50 percent of patients with a positive *H. pylori* serology do not actually have an active infection

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Important information for health care professionals and facilities

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(blood tests do not reliably detect active H. pylori infections and are considered investigational)

- Testing, treating and retesting for active H. pylori infection before prescribing PPI



UnitedHealthcare's medical policy and information on the recommended tests can be found at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Policies > UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines > Helicobacter Pylori Serology Testing.

If you have any questions, please contact your Provider Advocate.

Case and Disease Management through the Person Centered Care Model

UnitedHealthcare Community Plan's **Person Centered Care Model (PCCM)** is a holistic approach to care, case and disease management for members with complex needs. Medical, behavioral, social and environmental needs are addressed through the coordination of physicians, hospitals and community services. Through the program, we seek to:

- Engage with primary care physicians and other health care professionals and key partners to expand access to quality health care so our members can get the care they need.



- Support the physician/patient relationship by facilitating regular appointments, removing barriers to care and helping to ensure members see their physician on a regular basis.
- Provide the treating physician a direct link with UnitedHealthcare Community Plan to best facilitate the ongoing care and treatment of the member within the benefit structure available to the member.

What are some of the things the PCCM program can provide members?

- Develop and monitor an individualized care plan by telephonic or face-to-face contact.
- Help them understand and manage their condition, including self-monitoring and medical testing.
- Improve adherence to treatment plans and medication use.
- Reduce unnecessary hospital admissions and emergency room visits related to complications of the disease and its treatment.
- Improve coordination of care by providing information about the member's condition to caregivers who have the member's consent.
- Help effectively manage their conditions and comorbidities, including depression, cognitive deficits, physical limitations, health behaviors and psychosocial issues.
- Provide additional resources as appropriate.

Areas of expertise:

- Asthma
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Congestive Heart Failure
- Maternity

How to Access the PCCM program



If you have a member who may benefit from the PCCM program, please call our Customer Service department at **866-331-2243**.



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Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.



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