

UnitedHealthcare September Updates



Medicare: Charging patients for non-covered services.

[Medicare: Charging patients for non-covered services | UHCprovider.com](#)

Revised information regarding the process of requesting a prior authorization.

The Centers for Medicare & Medicaid (CMS) requires all Medicare members, including Dual Eligible Special Needs Plan (D-SNP) members to know costs prior to receiving non-covered services. This applies to all Medicare Advantage plans including but not limited to plans in Michigan. You'll need to request a prior authorization if you know or have reason to believe that a service or item for a Medicare Advantage member may not be covered.

- We'll issue an Integrated Denial Notice (IDN) to you or your patient if it's not covered. The IDN gives the patient their cost for the non-covered service or item and appeal rights.
- You'll need to include the GA modifier on your claim, stating that a waiver of liability is on file for the non-covered service. This helps to ensure your claim for the non-covered service is appropriately processed as a member liability.



Behavioral health tools for primary care providers

[Behavioral health tools for primary care providers | UHCprovider.com](#)

Identify and treat patients with behavioral health conditions and substance use disorders.

Primary care providers (PCPs) play an important role in identifying and treating patients with mental health and substance use disorders. Here are some tools and resources you can use as you care for these patients.

- ✓ **Assessing use**
- ✓ **Medication for evidence-based treatment**
- ✓ **Metabolic screening for children and adolescents prescribed antipsychotic medications.**
- ✓ **On-demand training**
- ✓ **Coordination of care**
- ✓ **Behavioral health resources**



You're in network for some Oxford plan members. (See attached)

Patients who are members of UnitedHealthcare Choice Plus or UnitedHealthcare Core are in network with your practice. You can identify these patients by looking at their member ID card. Oxford members with access to the UnitedHealthcare Choice Plus network have the UnitedHealthcare Choice Plus logo on the back of the card.



Reminder: New 90-day demographic verification requirement

Last modified: August 14, 2023

Update: Name change to CAQH Provider Data Portal.

Beginning Jan. 1, 2022, health care professionals who are contracted with UnitedHealthcare are required to verify the accuracy of their demographic information every 90 days. This is a change from the previous 120-day verification schedule.

This means that anyone who last reviewed and verified demographic data in early October 2022 will now be due to review their information in early January 2023 (90 days), instead of early February 2023 (120 days).



Dec. 1: Digital pre-service appeal submissions required.

[Dec. 1: Digital pre-service appeal submissions required | UHCprovider.com](#)

Affects network commercial, Medicare Advantage and Dual Special Needs Plans (D-SNP)

Beginning Dec. 1, 2023, you'll be required to submit medical pre-service appeals electronically. No more wasting time tracking down lost or delayed mail. See your pre-service appeal status 24/7 in the UnitedHealthcare Provider Portal.

This change affects network health care professionals (primary and ancillary) and facilities that provide services to commercial, UnitedHealthcare® Medicare Advantage, and D-SNP plan members. Although not required, we also encourage UnitedHealthcare Community Plan (Medicaid) and out-of-network health care professionals to submit pre-service appeals electronically.



Fewer prior authorizations? You got it. We're removing many procedures

codes on Sept. 1 and Nov. 1. [Prior authorization reduction equals nearly 20 percent of overall volume | UHCprovider.com](#)

To help reduce the administrative burden on health care professionals and their staff, starting Sept. 1, 2023, we'll begin a two-phased approach to eliminate the prior authorization requirement for many procedure codes. Together, these code removals account for nearly 20% of UnitedHealthcare's overall prior authorization volume.

We'll eliminate the codes in 2023 as follows:

- On both Sept. 1 and Nov. 1: UnitedHealthcare® Medicare Advantage, UnitedHealthcare commercial, UnitedHealthcare Oxford and UnitedHealthcare Individual Exchange plans*
- Nov. 1 only: UnitedHealthcare Community Plan



Earn extra on eligible cancer screenings. Earn \$40 extra when you screen eligible Michigan Community Plan members for cervical and breast cancer. [2023 Primary Care Provider Incentive Program - UnitedHealthcare Community Plan of Michigan \(uhcprovider.com\)](#)



Explore preferred covered alternatives for recently discontinued GlaxoSmithKline products. Discontinuation of Flovent HFA and Flovent Diskus

[Discontinuation of Flovent HFA and Flovent Diskus | UHCprovider.com](#)

View alternative covered options.

Drug manufacturer GlaxoSmithKline (GSK) recently notified the U.S. Food and Drug Administration (FDA) that they would be discontinuing 2 of their brand products, Flovent Diskus and Flovent HFA. According to the FDA Shortage Report, the last date these products will be available for ordering is Dec. 31, 2023.



The UnitedHealthcare Children's Foundation medical grant program can help families who have medical expenses for their child.

Find out how [About Us - United Healthcare Children's Foundation \(uhccf.org\)](#)