

guide

Physician, Health Care Professional,
Facility and Ancillary Provider
Administrative Guide – 2006/2007



Part 1	how to contact us	1
	our claims process	4
	customer identification card	9
	our products	10-12
	notification requirements	13-17
	network participation	18-23
Part 3	Golden Rule	

Important information regarding the use of this Guide

In the event of a conflict or inconsistency between your state Regulatory Requirements Appendix and this Guide, the provisions of the Regulatory Appendix will control, except with regard to benefit contracts outside the scope of that Regulatory Appendix.

Additionally, in the event of a conflict or inconsistency between your contract and this Guide, the provisions of your agreement will control.

Note: "Customer" is used in this Guide to refer to a person eligible and enrolled to receive coverage for covered services in connection with your Agreement.

Part 1

how to contact us



www.unitedhealthcareonline.com

- Review a customer's eligibility or benefits
- Provide inpatient facility notification
- Check claims status
- Submit claims
- Review the physician and health care professional directory
- Print EOBs
- Lookup your fee schedule
- Review/print a current copy of this Guide
- View UnitedHealthcare policies

(866) UHC-FAST (842-3278)

To register for UnitedHealthcare Online®, ask questions about online capabilities, for information about our EDI Connections or for a list of our clearinghouse options, or receive assistance.

www.unitedhealthcare.com

To review the online physician and health care professional directory if you are not a registered user of UnitedHealthcare Online.

Voice Enabled Telephone Self-Service System (VETSS)

call (877) 842-3210

To inquire about a customer's eligibility or benefits, check claim status, appeal submission process information, claim project submission process information, care notification process information, and privacy practices information.

Care Coordination/ Notification

www.unitedhealthcareonline.com
or call
(877) UHC-3210
(877) 842-3210

To notify us of the procedures and services outlined in the notification requirements section of this Guide (page 13).

Pharmacy Services

www.unitedhealthcareonline.com

(877) 842-1508

(877) 842-1435

(888) 327-9791

To view the Prescription Drug List (PDL)

To request a copy of the PDL

For medications requiring notification

For easy Rx fax service

Mental Health, Substance Abuse, Vision or Transplant Services

See customer's ID card for carrier information and contact numbers.

To inquire about a customer's behavioral health, vision or transplant benefits.

Customer Care

See customer's ID card for member/customer service contact information

For services as indicated in this Guide.

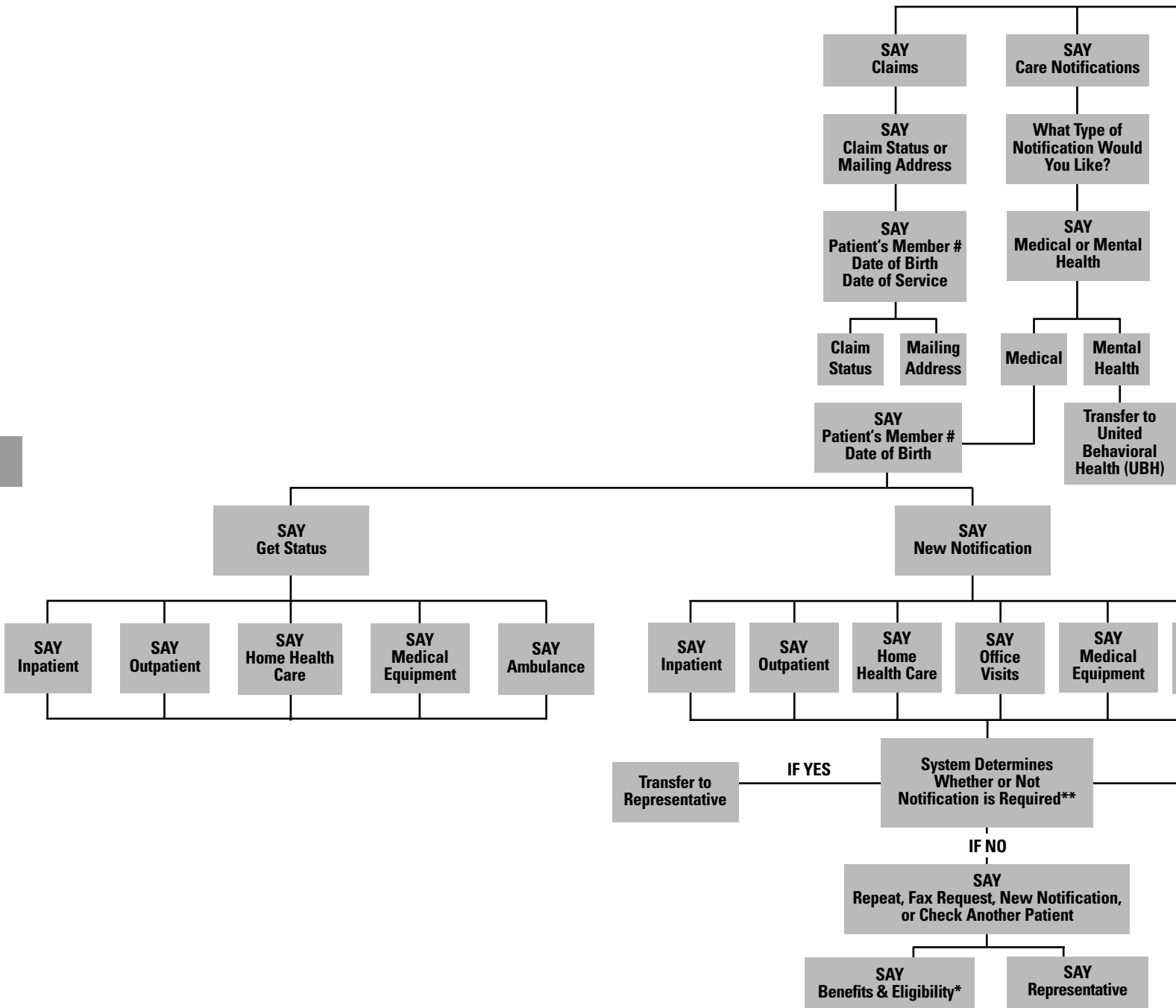
Electronic Payments and Statements

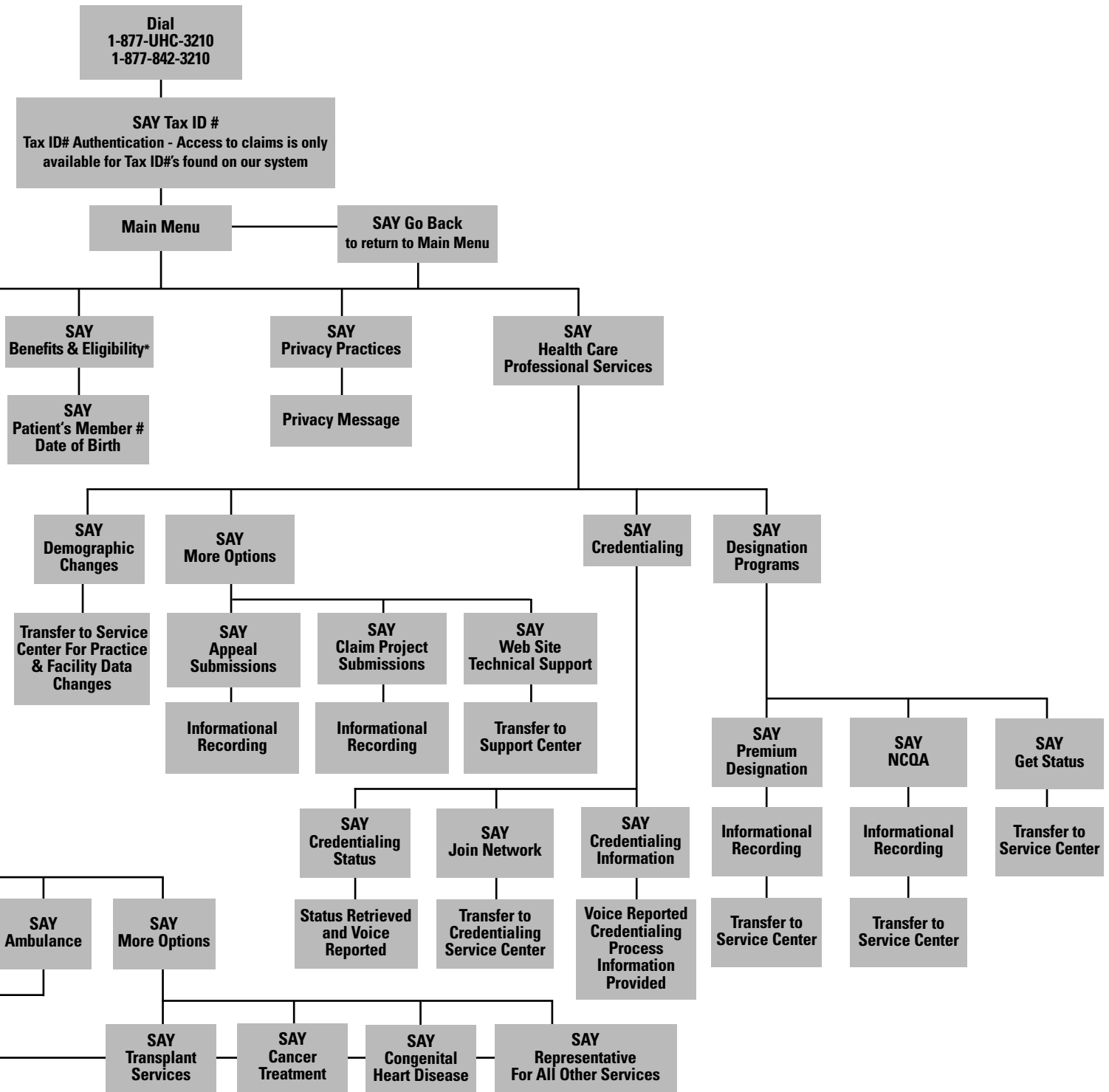
(866) UHC-FAST or email
EPSenrollment@uhc.com

To sign up for Electronic Payments and Statements

quick reference guide voice enabled telephone self-service system (VETSS)

2





**Eligibility verification is subject to the terms of your agreement. This is not a guarantee of payment. Payment is based on the terms of your agreement and the terms of the customer's benefit plan.*

***Coverage determination is a separate process. The notification number is not a coverage determination. This notification reference number confirms notification only.*

Our claims process

We know that you want to be paid promptly for the services you provide. Here's what you can do to help promote prompt payment:

1 Register for UnitedHealthcare Online® Service
(www.unitedhealthcareonline.com), our free service for network physicians, health care professionals and facilities.

At UnitedHealthcare Online, you can check eligibility; notify us of procedures and services required in our notification guidelines; check benefits and claims status; or review the physician and healthcare professional directory – and submit claims electronically, for faster claims payment. UnitedHealthcare Online is also your source for important updates, UnitedHealthcare policies, product and process information and news bulletins. To register, call (866) UHC-FAST (842-3278).

2 Once you've registered, review the customer's eligibility on the Web site at www.unitedhealthcareonline.com.

Alternatively, to check customer eligibility by phone, call the Voice Enabled Telephone Self Service (VETSS) line or Customer Care number on the back of the Customer ID Card.

3 Notify us of planned procedures and services on our Standard Notification Requirements list (page 13).

4 Prepare a complete and accurate claim form (see "Complete Claims" on page 5).

5 Submit the claim online at www.unitedhealthcareonline.com or use another electronic option.

If you currently use a vendor to submit claims electronically, be sure to use our electronic payer (ID 87726) to submit claims to us. For more information, contact your vendor or our EDI (Electronic Data Interchange) Support Line at (800) 842-1109.

For those claims that UnitedHealthcare cannot accept electronically, mail paper claims to the claims address on the customer's ID card.

Paper claims add a significant amount of administrative effort and expense to the health care industry. They consume more of your staff's time to prepare, may be more prone to error, and are expensive to print and mail. They are also

expensive for health plans and payers to receive and process, and they introduce more time to the payment cycle, creating payment delays not encountered with electronic submissions and electronic funds transfer. Please review your agreement with us and abide by any requirements it contains regarding electronic claims submission.

6 Receive Electronic Payments and Statements (EPS)

Receive Electronic Payments and Statements (EPS) to improve your cash flow. We transfer claims payments electronically via the automated clearinghouse network to the financial institution you designate. You can choose from individual transactions or lump-sum payments. Your electronic remittance advice can come in the form of an electronic "835" file sent directly or through a clearinghouse. Alternatively, you can use www.unitedhealthcareonline.com to review, sort, store, and print your electronic remittance advice.

Early in 2006, UnitedHealthcare will begin working with its contracted physicians, hospitals and other healthcare professionals on a market by market basis to transition from hard copy EOBs and paper checks to the use of electronic payments and statements (EPS). This will result in faster and easier payment to you. You will hear more from us as we reach your market in the implementation process. Or you can begin receiving electronic payments and statements now by contacting us at EPSenrollment@uhc.com or (866)842-3278, Option #5 or print and complete the enrollment form found on www.unitedhealthcareonline.com.

If you are a physician, practitioner, or medical group, you must only bill for services that you or your staff perform. Pass through billing is not permitted and may not be billed to our customers.

For laboratory services, you will only be reimbursed for the services that you are certified through the Clinical Laboratory Improvement Amendments (CLIA) to perform, and you must not bill our customers for any laboratory services for which you lack the applicable CLIA certification.

Payment of a claim is subject to our payment policies (reimbursement policies), which are available to you online or upon request. You must not bill our customer for amounts unpaid due to application of a payment policy.

Complete Claims

Because a customer's level of coverage under his or her benefit plan may vary for different services, it is particularly important to correctly code, according to national coding guidelines, all diagnosis and services for proper payment and application of deductible and coinsurance.

You must submit a claim for your services regardless of whether you have collected the copayment, deductible or coinsurance from the customer at the time of service.

Whether you use an electronic or a paper form, a CMS 1500, or successor form, or UB-92 form, a complete claim includes the following information. Additional information may be required by us for particular types of services or based on particular circumstances or state requirements.

Second submissions, tracers, claim status requests should be submitted electronically no sooner than 45 days after original submission, but you can always use www.unitedhealthcareonline.com to check the status of a claim for benefit plans supported by UnitedHealthcare.

If you have questions about submitting claims to us, please contact Customer Care at the phone number listed on the customer's ID card.

- Customer's name, address, gender, date of birth and relationship to subscriber
 - Subscriber's name and ID number
 - Subscriber's employer group name and group number
 - Name, signature, address where service was rendered, "remit to" address, and phone number of physician or health care provider performing the service; provide this information in a manner consistent with how that information is presented in your agreement
 - Physician's or health care provider's federal tax ID number
 - Date of service(s), place of service(s) and number of services (units) rendered
 - Current CPT-4 and HCPCS procedure codes with modifiers where appropriate
 - Current ICD-9 diagnostic codes by specific service code to the highest level of specificity
 - Referring physician's name (if applicable)
 - Charges per service and total charges
 - Information about other insurance coverage, including job-related, auto or accident information, if available
 - Attach operative notes with paper claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers as well as CPT
- 99360 (physician standby)
- Retail purchase cost or a cumulative retail rental cost for DME greater than \$1,000.
 - If you need to correct and re-submit a claim, submit a new CMS 1500, or successor form, or UB-92 indicating the correction being made. **Hand corrected claim re-submissions will not be accepted.**

Additional information needed for a complete UB-92 form:

- Date and hour of admission and discharge as well as customer status-at-discharge code
- Type of bill code
- Type of admission (e.g. emergency, urgent, elective, newborn)
- Current four digit revenue code
- Current principal diagnosis code (highest level of specificity)
- Current other diagnosis codes, if applicable (highest level of specificity)
- Current ICD-9-CM procedure codes for inpatient procedures
- Attending physician ID
- Bill all outpatient procedures with the appropriate revenue and CPT or HCPCS codes
- Provide specific CPT or HCPCS codes and

appropriate revenue code (e.g. laboratory, radiology, diagnostic or therapeutic) for outpatient services

- Complete box 45 for physical, occupational or speech therapy services (revenue code 0420-0449) submitted on a UB-92
- Submit claims according to any special billing instructions that may be indicated in your agreement.

Submission of CMS 1500 or Successor Form Claims with Unlisted Codes and Experimental or Reconstructive Services

Submission of Medical or Surgical Codes

Attach a detailed description of the procedure or service provided for claims submitted with unlisted medical or surgical CPT or "other" revenue codes as well as experimental or reconstructive services.

Submission of CMS 1500 Unlisted Drug Codes

Attach the current NDC (National Drug Code) number for claims submitted with unlisted drug codes (e.g. J3490, J3590, etc). The NDC number must be entered in 24D field of the CMS1500 paper form or the LIno3 segment of the HIPAA 837 electronic form.

Reporting Requirements for Anesthesia Services

- One of the CMS required modifiers (AA, AD, QK, QX, QY, QZ, G8, G9 or QS) must be used for anesthesia services reporting.
- For CMS 1500 or successor form paper claims, report the actual number of minutes in Box 24 G with qualifier MJ in Box 24H. For electronic claims report the actual number of anesthesia minutes in loop 2400 SV104 with an 'MJ' qualifier in loop 2400 SV103.
- When medically directing residents for anesthesia services, the modifier GC must be reported in conjunction with the AA or QK.
- When reporting obstetrical anesthesia services, it is recommended that add-on codes 01968 or 01969 be reported on the same claim as the primary procedure 01967.
- When reporting qualifying circumstance qualifier codes 99100, 99116, 99135 and/or 99140, it is recommended that the qualifier be reported on the same claim with the anesthesia service.

National Provider Identification (NPI)

In compliance with HIPAA, all "covered" health care professionals and organizations must obtain NPI enumeration prior to May 23, 2007, to identify themselves in HIPAA standard transactions. All HIPAA "covered entities" must accept and use NPIs in standard electronic transactions as of May 23, 2007 (except small health plans which have until May 23, 2008, to comply)

UnitedHealthcare will begin collecting NPIs and NUCC taxonomy codes from all healthcare professionals and organizations starting in January 2006. This will facilitate the building of a crosswalk of NPIs to proprietary identifiers even ahead of the CMS Data Dissemination instructions and NPI disclosure capabilities.

UnitedHealthcare will collect NPI and related provider information by one of the following methods in the future:

1. The "Provider Experience" Phone/Fax Numbers for demographic changes.
2. UnitedHealthcare Online (www.unitedhealthcareonline.com) will be modified to allow NPI and NUCC Taxonomy Codes to be entered online.
3. Physicians and other health care professionals will have the ability to include NPI and NUCC taxonomy indicator(s) on the CAQH credentialing/recredentialing application.
4. Facilities will have the ability to include their NPI and NUCC taxonomy indicators on their UnitedHealthcare credentialing application.

5. NPI and taxonomy indicator(s) will be collected as part of recontracting efforts.
6. NPI and taxonomy indicator(s) will be collected as part of new provider contracting.

UnitedHealthcare may provide further guidance regarding how NPI enumeration will be collected through claims submission upon adoption of new claims submission forms, which provide for collection of the NPI electronically or otherwise.

Claim Adjustments

Customers are responsible for applicable copayments, deductibles and coinsurance associated with their plans. Although you should collect copayments at the time of service, we recommend that you submit claims first and refer to the appropriate Explanation of Benefits (EOB) to determine the exact patient responsibility related to plan deductibles and coinsurance. This will help promote accurate collections and avoid over- or underpayment situations. In the event your patient pays more than the amount indicated on the medical claim EOB, you are responsible for promptly refunding the difference.

If you believe you were underpaid by us, you can simplify the submission of requests for claim adjustments and receive more efficient resolution of claim issues by using www.unitedhealthcareonline.com. You may submit a single claim in a paid or denied status directly to UnitedHealthcare for research and reconsideration online or you can call Customer Care to request an adjustment. If you have 20 or more paid or denied claims, you can aggregate these claims on the Network Services/Facility Research Request online form and submit them for research and review.

If you identify a claim where you were overpaid by us or if we inform you of an overpaid claim that you do not dispute, you must send us the overpayment within 30 calendar days from the

date of your identification of the overpayment or our request. If your payment is not received by that time, we may apply the overpayment against future claim payments in accordance with your agreement and applicable law.

Refunds of all overpayments received from us or credit balances existing on your records should be sent to: Receivable Strategies, LLC, P.O. Box 260, Parsippany, NJ 007054. Please include appropriate documentation that outlines the overpayment including patient ID and number, date of service and amount paid.

When we determine that a claim was paid incorrectly, we may make claim adjustments without requesting additional information from the network physician. You will see the adjustment on the EOB or Provider Remittance Advice (PRA). When additional or correct information is needed, we will ask you to provide it.

If you disagree with a claim adjustment or our decision not to make a claim adjustment, you can appeal the determination (see Claim Appeals).

Claim Appeals

If you disagree with a claim adjustment or our decision not to make a claim adjustment you may appeal by completing the UnitedHealthcare Request for Reconsideration Form, found on www.unitedhealthcareonline.com. You may also send a letter of appeal to the claim office identified on the back of the customer's ID card or call the Customer Care number listed on the EOB, PRA or customer's ID card. Your appeal must be submitted to us within 12 months from the date of processing shown on the EOB or PRA.

If you are appealing a claim that was denied because filing was not timely, for:

- 1 Electronic claims** – include confirmation that UnitedHealthcare or one of its affiliates received and accepted your claim.
- 2 Paper claims** – include a copy of a screen print from your accounting software to show the date you submitted the claim.

If you disagree with an overpayment refund request, send a letter of appeal to the address noted on the refund request letter. Your appeal must be received within 30 days of the refund request letter in order to allow sufficient time for processing the appeal and avoid possible offset of the overpayment against future claim payments to you. When submitting the appeal, please attach a copy of the refund request letter and a detailed explanation of why you believe the refund request is in error.

If you disagree with the outcome of the claim appeal, you may pursue dispute resolution as described on page 22.

Subrogation and Coordination of Benefits

Our benefits plans are subject to subrogation and coordination of benefits (COB) rules.

- 1 Subrogation** - To the extent permitted under applicable law and the applicable benefit plan we reserve the right to recover benefits paid for a customer's health care services when a third party causes the customer's injury or illness.
- 2 COB** - Coordination of benefits is administered according to the customer's benefit plan and in accordance with applicable statutes and regulations. UnitedHealthcare can accept secondary claims electronically. To learn more, contact your EDI vendor or call EDI support at 800-842-1109.

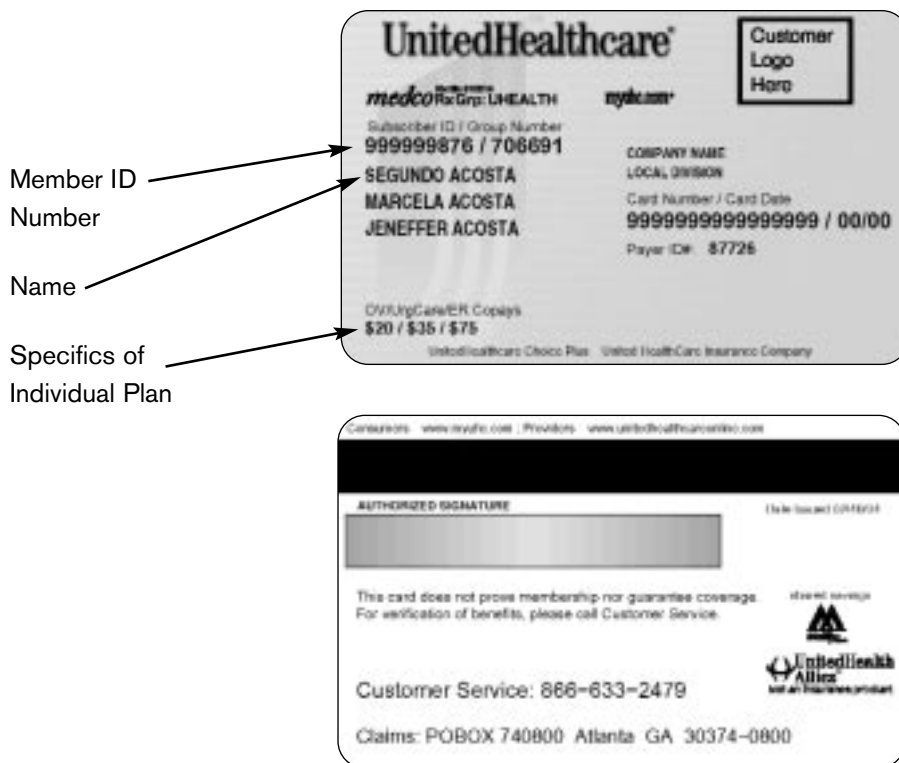
Customer identification cards

UnitedHealthcare customers receive an ID card containing information that helps you submit claims accurately and completely. **Information may vary in appearance or location on the card due to employer or UnitedHealthcare requirements.** However, cards display essentially the same information (e.g., claims address, copayment information, telephone numbers such as those for Customer Care and Care Coordination).

Be sure to check the customer's ID card at each visit – especially the first visit of a new year, when information may change – and to copy both sides of the card for your files.

With the new UnitedHealthcare® Medical ID Card, you can obtain customer information in seconds, just by swiping the card through your credit card terminal*. And it will be issued at the family level, so information about subscribers and dependents will be available on one card. Look for the new UnitedHealthcare Medical ID Card as it replaces the paper card.

Sample Customer ID Card



*Your current fee with your credit card vendor to process bankcard transactions applies.

Our products

This table provides information about some of the most common UnitedHealthcare products. Visit www.unitedhealthcareonline.com for more information about our products in your area. Medicare and/or Medicaid products are offered in select markets, your agreement with us will determine if you are participating. If a customer presents an identification card with a product name with which you are not familiar, please contact Customer Care. This product list is provided for your convenience and is subject to change over time.

Attributes	UnitedHealthcare Choice and Choice Plus	UnitedHealthcare Select and Select Plus	UnitedHealthcare Options PPO
How do customers access physicians and health care professionals?	<p>Customers can choose any network physician or health care professional without a referral and without designating a primary physician.*</p> <p>Choice Plus provides out-of-network coverage, Choice does not.(except for emergency)</p>	<p>Customers choose a primary physician from the network of physicians for each family member. The primary physician coordinates their care.*</p> <p>Select Plus provides out-of-network coverage, Select does not.(except for emergency)</p>	<p>Customers can choose any network physician or health care professional without a referral and without designating a primary physician.*</p> <p>Options PPO provides out-of-network coverage.</p>
Is a referral from a primary physician* a requirement for coverage of a specialty service? If those requirements exist, they will be noted in your agreement's state regulatory appendix.)	<p>No, a referral is not needed.</p>	<p>No, a referral is not needed.</p>	<p>No, a referral is not needed.</p>
Is the treating physician and/or facility required to notify Care Coordination?	<p>Yes, on selected procedures. See guidelines on page 13.</p>	<p>Yes, on selected procedures. See guidelines on page 13.</p>	<p>No. Customers are responsible for notifying Care Coordination at the phone number on their ID card.</p> <p>Please refer customers to Customer Care for questions about their responsibilities.</p>

* Primary physician is defined as a physician or other health care professional whom a customer or enrollee has designated as his/her primary care physician.

UnitedHealthcare Indemnity

UnitedHealth Basics

Customers can choose any physician or health care professional.*

Customers can choose any network physician or health care professional without a referral and without designating a primary physician.*

UnitedHealth Basics provides out-of-network coverage.

No, a referral is not needed.

No, a referral is not needed.

No. Customers are responsible for notifying Care Coordination at the number on their ID card.

Please refer customers to Customer Care for questions about their responsibilities.

No. Customers are responsible for notifying Care Coordination at the number on their ID card.

Please refer customers to Customer Care for questions about their responsibilities.

* *Physicians and health care professionals must be licensed for the health services provided and covered under the customer's benefit contract.*

DefinitySM and iPlan[®]

Consumer-driven health plans

UnitedHealthcare currently offers consumer-driven health plans to our customers under two different names: DefinitySM and iPlan[®]. These products offer enrollees a high deductible medical coverage plan linked to a savings or spending account for health care services. The Definity or iPlan account can be either an employer-funded Health Reimbursement Account (HRA) (previously called a Personal Benefit Account (PBA)) or a Health Savings Account (HSA). Funds in these accounts can be used to cover some of the out-of-pocket costs, such as deductibles and coinsurance.

To ensure fast and accurate reimbursement for services you may render to enrollees with HRAs or HSAs, please keep in mind the following tips:

- Verify eligibility and benefits online at www.unitedhealthcareonline.com before your patient's appointment. Alternatively, you can call the Customer Service phone number on the back of the patient's medical ID card.
- Many Definity HRA or HSA benefit plans do not have copayments. When they do, copayments should be collected at the time of service.
- Exact patient responsibility related to deductibles or coinsurance is difficult to calculate until after your claim is adjudicated.
- Please submit your claim for processing electronically (through www.unitedhealthcareonline.com or through your clearinghouse relationship) or to the address on the back or the medical ID card.
- Please wait until after a claim is processed and you receive your EOB before collecting funds from your patient because the patient responsibility may be reimbursable through their HRA or HSA account and paid directly to you. We will not automatically transfer the HSA balance for payment; however, the patient can pay with their HSA debit card or convenience checks linked directly to their account balance. The EOB will indicate any remaining patient balance.

Providers may now receive faster payment from patients by charging the patient's FSA or HRS consumer account card for qualified medical expenses.

Providers may charge United Healthcare HRA or FSA consumer account cards only for expenses that are "qualified medical expenses" (as defined in Section 213(d) of the Internal Revenue Code) incurred by the card holder or the cardholder's spouse or dependent. "Qualified medical expenses" are expenses for medical care, which provides diagnosis, cure, mitigation, treatment, or prevention of any disease, or for the purpose of affecting any structure or function of the body. Providers may not process charges on the consumer account cards for any expenses that do not qualify as qualified medical expenses, including (but not limited to):

- Cosmetic surgery/procedures (which includes procedures directed at improving a patient's appearance that does not meaningfully promote the proper function of the body or prevent or treat illness or disease), including the following:
 - Face Lifts
 - Liposuction
 - Hair Transplants
 - Hair Removal (electrolysis)
 - Breast Augmentation or Reduction
 - Teeth whitening and similar cosmetic dental procedures

(However, surgery or a procedure that is necessary to ameliorate a deformity arising from a congenital abnormality, a personal reconstruction surgery following a mastectomy for cancer is a qualified medical expense.)

- Advance expenses for future medical care.
- Weight loss programs (unless prescribed to treat a specific disease, including obesity.)
- Illegal operations or procedures.

Standard notification requirements

All notifications must contain all information necessary to record the notification, including but not limited to customer name, customer ID, physician or health care professional name, physician or health care professional TIN, ICD-9 code for primary diagnosis (maximum of two additional diagnoses), anticipated dates of service, type of service and volume of service when applicable. In addition, such notifications must be made to the appropriate place as described in this section or as otherwise communicated to you by UnitedHealthcare.

This notification list may change from time to time. If there is such a change, we will provide you with information about the change before it takes effect.

Notify us at www.unitedhealthcareonline.com for any inpatient or outpatient facility notification required under this guide. For other notifications or if you do not have electronic access, please call Care Coordination at the number on the back of the customer ID card.

Notify Care Coordination within the following time frames (unless your agreement with us provides for a different timeframe):

Emergency Facility Admission

Within **one business day** after an emergency or urgent admission.

Home Health Services

Home health is subject to notification within **one business day**.

Inpatient Admissions After Ambulatory Surgery

Within **one business day** after an inpatient admission that immediately followed ambulatory surgery.

Non-Emergency Admissions and/or out-patient services (except maternity)

At least **five business days** prior to non-emergent, non-urgent facility admissions and/or outpatient services (see additional detail on pages 14-17); in cases in which the admission is scheduled less than five business days in advance, notify at the time the admission is scheduled.

Notify us prior to:

Procedures and Services

Explanation

Accidental Dental Services	Dental services that meet the following criteria may be eligible for medical coverage depending on the customer's benefit contract: <ul style="list-style-type: none"> • Date of initial contact for dental evaluation is within plan limits following the accident. • Initiation of definitive treatment services within guidelines. • Completion date of treatment services is known. • Certification that the injured tooth was a sound natural tooth.
Ambulance Transportation (Non-Urgent)	Non-urgent ambulance transportation between specified locations for customers who cannot travel by other forms of transportation.
Blepharoplasty, upper lid	Reconstructive upper eyelid procedures including repair of brow ptosis.
Breast Reconstruction	Reconstruction of breast other than following mastectomy.
Breast Reduction	Removal of breast tissue in men or women other than mastectomy for cancer.

Durable Medical Equipment (DME) Greater than \$1,000

In general we require notification for DME with a retail purchase cost or a cumulative retail rental cost over \$1000. Prosthetics are not DME. Some employer groups may have different DME notification requirements imposed upon the customer through their benefit plan. For further information please call Customer Care.

End Stage Renal Disease Services

Services such as dialysis provided for end stage renal disease inclusive of the following codes;

- Dialysis**
- 90935 - 90940 - hemodialysis
- 90945 - peritoneal
- 90947 - peritoneal
- 90918-90925 - ESRD
- 90997 - hemoperfusion
- 90989 - patient training, completed course
- 90993 - patient training, per session
- 93990 - hemodialysis, duplex scan of access
- Revenue Codes:**
- 0800 – Renal Dialysis
- 0820 – Hemo/op or home
- 0821 – Hemodialysis/composite or other rate
- 0829 – Other outpatient hemodialysis
- 0830 – Peritoneal/op or home
- 0831 – Peritoneal/composite or other rate
- 0839 – Other outpatient peritoneal dialysis
- 0840 – Capd/op or home
- 0841 – CAPD/composite or other rate
- 0849 – Other outpatient CAPD
- 0850 – Ccpd/op or home
- 0851 – CCPD/composite or other rate
- 0859 – Other outpatient CCPD
- 0880 – Dialysis / misc

Home Health Care Services

All services which are based in the home including, but not limited to: Home Infusion Therapy, Home Health Aid (HHA), Occupational Therapy (OT), Physical Therapy (PT), Private Duty Nursing, Respiratory Therapy (RT), Skilled Nursing (SNV), Social Worker (MSW) and Speech Therapy (ST).

Hospice

Home Care and Inpatient Hospice services.

Inpatient Facility Admissions

All inpatient admissions (except maternity) including: acute hospitalizations (includes long term acute care), rehabilitation facilities, and skilled nursing facilities (includes hospice). Includes notification of newborns who remain hospitalized after the mother is discharged. Includes maternity admissions that 48 hours for vaginal delivery or 96 hours for cesarean delivery.

Ligation, Vein Stripping

Removal of varicose veins.

Referral for Non-Network Services

A referral from a network physician or health care provider to a hospital, physician, or other health care provider who does not participate in UnitedHealthcare.

Sclerotherapy

An alternative method for removing varicose veins and other vein abnormalities.

Transplant Services:
For services listed in this section call United Resource Networks(URN) directly at 1-888-936-7246 or the notification number on the back of the customer ID card, rather than Care Coordination.

Request for transplant or transplant related services prior to pre-treatment or evaluation including the following CPT Procedure Codes for Specifically Requested Transplantations:

HEART / LUNG

- 33930 Donor cardiectomy-pneumonectomy, with preparation and maintenance of allograft
- 33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy

HEART

- 33940 Donor cardiectomy, with preparation and maintenance of allograft
- 33945 Heart transplant, with or without recipient cardiectomy
- 0051T Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
- 0052T Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)
- 0053T Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit

LUNG

- 32850 Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver)
- 32851 Lung transplant, single; without cardiopulmonary bypass
- 32852 with cardiopulmonary bypass
- 32853 Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
- 32854 with cardiopulmonary bypass

KIDNEY

- 50300 Donor nephrectomy, with preparation and maintenance of allograft, from cadaver donor, unilateral or bilateral
- 50320 Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)
- 50340 Recipient nephrectomy
- 50360 Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy
- 50365 with recipient nephrectomy
- 50370 Removal of transplanted renal allograft
- 50380 Renal autotransplantation, reimplantation of kidney
- 50547 Laparoscopic...donor nephrectomy from living donor (excluding preparation and maintenance of allograft)

PANCREAS

- 48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
 - 48550 Donor pancreatectomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation
 - 48554 Transplantation of pancreatic allograft
 - 48556 Removal of transplanted pancreatic allograft
-

LIVER

- 47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
-

47136 heterotopic, partial or whole, from cadaver or living donor, any age

INTESTINE

44132 Donor enterectomy, open, with preparation and maintenance of allograft; from cadaver donor
44133 partial, from living donor
44135 Intestinal allotransplantation; from cadaver donor
44136 from living donor

Initiation of Cancer Treatment other than surgery. For services listed in this section call Cancer Resource Services (CRS) at 1-866-936-6002 or the notification number on the back of the customer ID card, rather than Care Coordination

Stage IV and Bone marrow CA when routine treatment will not be sufficient inclusive of the following codes;

CPT Procedure Codes:

38230 Bone marrow harvesting for transplantation
38240 Bone marrow...transplantation; allogenic
38241 Bone marrow...transplantation; autologous
38242 Bone marrow...allogenic donor lymphocyte infusions

ICD-9 Diagnosis Codes:

Malignant Neoplasm Of Lymphatic and Hematopoietic Tissue
200.00 to 200.88 Reticulosarcoma & Lymphosarcoma
201.00 to 201.98 Hodgkin's disease
202.00 to 202.98 Other
203.00 to 203.81* Multiple myeloma and immunoproliferative neoplasms
204.00 to 204.91* Lymphoid leukemia
205.00 to 205.91* Myeloid leukemia
206.00 to 206.91* Monocytic leukemia
207.00 to 207.81* Other specified leukemia
208.00 to 208.91* Unspecified leukemia

* includes codes for cancers in remission

198.5 Secondary malignant neoplasm of bone and bone marrow

ICD-9 Diagnosis Codes:

Other complex cancers
Head and neck cancers
141.0-148.9; 160.0-161.9
Pharynx, Lip and Oral Cavity
149.0-149.9
Cancer of the esophagus
150.0-150.9
Cancer of the stomach
151.0-151.9
Cancer of the liver
155.0-155.2
Cancer of gall bladder
156.0-156.9
Cancer of the kidney and other and unspecified urinary organs
189.0-189.9
Cancer of the pancreas
157.0-157.9
Bone and soft tissue sarcoma
170.0-170.9; 171.0-171.9
Brain and central nervous system tumors
191.0-191.9; 192.0-192.9
Cancer of the ovary and other uterine adnexa
183.0-183.9

Congenital Heart Disease
 For services listed in this section call United Resource Networks (URN) directly at 1-888-936-7246 or the notification on the back of the customer ID card, rather than Care Coordination

Request for CHD related services including the following codes;
CPT Procedure Codes:

93580	Percutaneous transcatheter closure of a congenital intertribal communication (i.e., Fontan fenestration, atrial septal defect) with implant
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

ICD-9 Diagnosis Codes

Atrial Septal Defects

745.5	Atrial septal (ostium secundum type)
745.61	Ostium primum type
745..8	Sinus venosus
745..0	Aortic septal

Ventricular Septal Defects

745.4	Ventricular septal
745.69	Atrioventricular canal type
745.2	In Tetralogy of Fallot

Peripheral Vascular Disease

747.60	Congenital peripheral vascular defect, unspecified
747.69	Congenital peripheral vascular defect, other specified site

Other Notification Requirements

Specific Medications as Indicated on the PDL

Call (877) 842-1435 when prescribing medications that require notification. These medications are so designated on the Prescription Drug List (PDL). To view the Prescription Drug List (PDL), visit www.unitedhealthcareonline.com. Call (877) 842-1508 to request a copy of our PDL.

Behavioral Health Services

Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. Therefore, it is important for you to call the number on the customer ID card when referring for any mental health or substance abuse services.

Radiology

In some markets, UnitedHealthcare has additional notification requirements for some radiology procedures. See UnitedHealthcare Online to view the radiology notification protocol and obtain notification telephone numbers, or contact your local Network Management representative.

Note: The CPT and ICD-9 codes listed in the notification table were current at the time this document was created. Coding requirements may periodically change. Please refer to the CPT or HCPC coding guide for appropriate codes or visit UnitedHealthcare Online (www.unitedhealthcareonline.com) or call Voice Enabled Telephone Self-Service System at 877-842-3210.

This list does not signify coverage for benefits. Coverage is determined by the customer’s benefit plan. If you have questions about a customer’s coverage, visit UnitedHealthcare Online (www.unitedhealthcareonline.com) or call Voice Enabled Telephone Self-Service System at 877-842-3210.

Network participation

Comply with Protocols

You will cooperate with, and be bound by, UnitedHealthcare's and Payer's Protocols including those Protocols contained in this Guide. A complete list of protocols can be viewed at www.unitedhealthcareonline.com.

Additional Fees for Covered Services

You may not charge our customers fees for Covered Services beyond copayments, coinsurance, or deductible as described in their benefit plans, You may not charge our customers retainer, membership, or administrative fees, voluntary or otherwise. This includes but is not limited to concierge/boutique practice fees as well as fees to cover increases in malpractice insurance and office overhead. This does not prevent you from charging nominal fees for missed appointments or completion of camp/school forms.

Provide Official Notice

You must notify the Master Contract Holder at the address in your contract of the following events, in writing, within ten calendar days of your knowledge of their occurrence:

- 1** Material changes in, cancellation or termination of liability insurance;
- 2** Bankruptcy or insolvency;
- 3** Any indictment, arrest or conviction for a felony or any criminal charge related to your practice or profession;
- 4** Any suspension, exclusion, debarment or other sanction from a state or federally funded health care program;
- 5** Loss or suspension of your license to practice.

Transition Customer Care Following Termination of Your Participation

If your network participation terminates for any reason, you are required to participate in the transition of your patient toward timely and effective care. This may include providing service(s) for a reasonable time, at our contracted rate. Customer Care is available to help you and our customers with the transition.

Arrange Substitute Coverage

If you are unable to provide care and are arranging for a substitute, we ask that you try to arrange for care from other physicians and health care professionals who participate with UnitedHealthcare. For the most current listing of network physicians and health care professionals, review our physician and health care professional directory at www.unitedhealthcareonline.com. In order for services to be covered under the customer's in-network benefit, a non-network physician or health care professional will need to join our network by applying for participation and, if accepted, signing a participation agreement.

After-Hours Care

While true emergencies and life-threatening situations require the immediate services of an emergency department, treatment after hours can be provided quickly and efficiently at an urgent care center where available, and appropriate for conditions such as sprains, sinus, ear or bladder infections, and minor lacerations needing suturing. When your office is contacted by one of your patients after hours asking where to seek urgent care and you believe an urgent care center is appropriate for treating the patient, please refer them to an urgent care center if you are not able to accommodate them in your schedule.

Evidence-based Clinical and Quality Initiatives

UnitedHealthcare has adopted evidence-based clinical guidelines to guide our quality and health management programs. You must cooperate with our quality assessment and improvement activities, and comply with our clinical guidelines, customer safety (risk reduction) efforts, and data confidentiality procedures.

The guidelines upon which UnitedHealthcare clinical quality initiatives are based define optimal delivery of health care for particular diseases and conditions as determined by United States government agencies and professional specialty societies. You may request a copy of our guidelines by contacting UnitedHealthcare Clinical Advancement at (866) 257-3395

Provide Access to Your Records

You must provide access to any medical, financial or administrative records related to the services you provide to UnitedHealthcare customers within 14 calendar days of our request or sooner for cases involving alleged fraud and abuse, a customer grievance/appeal, or a regulatory or accreditation agency requirement. Such records must be maintained for six years, or longer if required by applicable statutes or regulations.

Follow Medical Record Standards

Medical records will contain all information necessary and appropriate to support claims for services submitted by you.

In providing care for UnitedHealthcare customers, we expect that you have policies to address the following:

- 1** Maintain a single, permanent medical record that is current, detailed, organized and comprehensive for each customer that is available at each visit.
- 2** Protect customer records against loss, destruction, tampering or unauthorized use.
- 3** Maintain medical records in accordance with state and federal regulations.

General Documentation Guidelines

We also expect you to follow these commonly accepted guidelines for medical record information and documentation:

- Date all entries, and identify the author.
- Make entries legible.
- Cite medical conditions and significant illnesses on a problem list. Include dates of onset and resolution.
- Give prominence to notes on medication allergies and adverse reactions. Also note if the customer has no known allergies or adverse reactions.
- Make it easy to identify the medical history, and include serious illnesses, injuries and operations for customers seen three or more times.
- For medication record, include name of medication, dosage, amount dispensed and dispensing instructions. Also, list over the counter drugs taken by the customer.

Document these important items:

- Tobacco habits, alcohol use and substance abuse for customers age 11 and older
- Immunization record

- Family and social history
- Preventive screenings and services
- Blood pressure, height and weight, body mass index

Goals

- 90% of medical records will contain documentation of critical elements. Critical elements appear in bold text on this page.
- 80% of medical records will contain documentation of all other elements
- Documentation of allergies and adverse reactions must be documented in 100% of the records.

Demographic Information

The medical record for each customer should include:

- Customer name and/or customer ID number on every page
- Gender
- Age or date of birth
- Address
- Marital status
- Occupational history
- Home and work phone numbers
- Name and phone number of emergency contact
- Name of spouse or relative
- Insurance information

Customer Encounters

When you see one of our customers, document the visit by noting:

- Customer's complaint or reason for the visit
- Physical assessment
- Unresolved problems from previous visit(s)
- Diagnosis and treatment plans consistent with your findings
- Growth charts for pediatric customers
- Developmental assessment for pediatric customers
- Customer education, counseling or coordination of care with other providers
- Date of return visit or other follow-up care
- Review by the primary physician (initialed) on consultation, lab, imaging, special studies, outpatient and inpatient records
- Consultation and abnormal studies including follow-up plans
- Reasons for referrals documented

Clinical Decision and Safety Support Tools in place to ensure evidence-based care is provided. Examples include:

- Immunization tracking sheet
- Flow sheet for chronic diseases (e.g. diabetes, asthma)
- Customer reminder system
- Electronic medical records
- Eprescribing/epocrates

UnitedHealthcare Customer Rights and Responsibilities

We tell our customers they have the following rights and responsibilities, all of which are intended to help uphold the quality of care and services they receive from you. These rights and responsibilities are reprinted from our customer handbook.

Customers have the right to:

- Be treated with respect and dignity by UnitedHealthcare personnel and network physicians and health care professionals.
- Privacy and confidentiality for treatments, tests or procedures received.
- Voice concerns about the service and care you receive and to register complaints and appeals concerning your health plan or the care provided to you.
- Receive timely responses to your concerns.
- Participate in a candid discussion of appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Be provided with access to health care, physicians and health care professionals.
- Participate with your doctor and other caregivers in decisions about your care.
- Make recommendations regarding the organizations customer's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services and network physicians and health care professionals.
- Be informed of, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards.
- Choose an advance directive to designate the kind of care you wish to receive should you be unable to express your wishes.

Customers have the responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your identification card before receiving health care services.
- Access our web site www.myuhc.com[®] or call Customer Member Service to verify that your physician or health care professional is participating in the UnitedHealthcare network before receiving services.
- Pay any necessary copayment at the time you receive treatment.
- Use emergency room services only for injury or illness that, in the judgement of a reasonable person, requires immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow the agreed-upon instructions and guidelines of physicians and health care professionals.
- Participate in understanding your health problems and developing mutually agreed upon treatment goals.
- Notify your employer's human resource department of a change in address, family status or other coverage information.
- Visit our web site www.myuhc.com or call the Customer Care number on the back of the Customer ID Card when you have a question about your eligibility, benefits, claims and more.

Inform Customers of Advance Directives

The federal Patient Self-determination Act (PSDA) gives individuals the legal right to make choices about their medical care in advance of incapacitating illness or injury through an advance directive.

Under the federal act, physicians and providers including hospitals, skilled nursing facilities, hospices, home health agencies and others must provide written information to customers on state law about advance treatment directives, about customers' right to accept or refuse treatment, and about your own policies regarding advance directives.

To comply with this requirement, we also inform customers of state laws on advance directives through our customer handbooks and other communications.

If we have a concern or complaint about your agreement with us, we'll send you a letter containing the details. If we can't resolve the complaint through informal discussions with you, an arbitration proceeding may be filed as described in your Agreement.

Arbitration proceedings will be held at the location described in your Agreement.

In the event that a customer has authorized you to appeal a clinical or coverage determination on their behalf, that appeal will follow the process governing customer appeals outlined in the customer's benefit contract or handbook.

Resolving Disputes

Contract concern or complaint

If you have a concern or complaint about your Agreement, send a letter containing the details to the address in your contract. A representative will look into your complaint and try to resolve it through informal discussions. If you disagree with the outcome of this discussion, an arbitration proceeding may be filed as described below and in your Agreement.

If your concern or complaint relates to a matter which is generally administered by certain UnitedHealthcare procedures, such as the credentialing or Care Coordination process, you and we will follow the dispute procedures set forth in those plans to resolve the concern or complaint. Arbitration proceedings will be held at the location described in your Agreement.

Arbitration Counties by Location.

Unless your agreement with us provides otherwise, the following list contains locations where arbitration proceedings will be held. Locations listed under the state in which you provide care are the locations applicable to you.

Alabama

Jefferson County, AL

Alaska

Anchorage, AK

Arizona

Maricopa County, AZ

Arkansas

Puaski County, AR

Colorado

Arapahoe County, CO

Connecticut

Hartford County, CT
New Haven County, CT

Delaware

Montgomery County, MD

District of Columbia

Montgomery County, MD

Florida

Broward County, FL
Hillsborough County, FL
Orange County, FL

Georgia

Gwinnett County, GA

Hawaii

Honolulu County, HI

Idaho

Boise, ID
Salt Lake County, UT

Illinois

Cook County, IL

Indiana

Marion County, IN

Iowa

Polk County, IA

Kansas

Johnson County, KS

Kentucky

Fayette County, KY

Louisiana

Jefferson Parish, LA

Maine

Cumberland County, ME

Maryland

Montgomery County, MD

Massachusetts

Hampden County, MA
Suffolk County, MA

Michigan

Oakland County, MI

Mississippi

Hinds County, MS

Missouri

St. Louis County, MO
Jackson County, MO

Montana

Yellowstone, MT

New Mexico

Bernalillo County, NM

Nebraska

Douglas County, NE

Nevada

Clark County, NV
Washoe County, NV
Carson City County, NV

New Hampshire

Merrimack County, NH
Hillsboro County, NH

New Jersey

Essex County, NJ

New Mexico

Bernalillo County, NM

New York

New York County, NY
Onondaga County, NY

North Carolina

Guiford County, NC

Ohio

Butler County, OH
Cuyahoga County, OH
Franklin County, OH

Oklahoma

Tulsa County, OK

Oregon

Multnomah County, OR

Pennsylvania

Allegheny County, PA
Philadelphia County, PA

Rhode Island

Kent County, RI

South Carolina

Richland County, SC

Tennessee

Davidson County, TN

Texas

Dallas County, TX
Harris County, TX
Travis County, TX

Utah

Salt Lake County, UT

Vermont

Chittenden County, VT
Washington County, VT
Windham County, VT

Virginia

Montgomery County, VA

Washington

King County, WA

West Virginia

Montgomery County, MD

Wisconsin

Milwaukee County, WI
Waukesha County, WI

Wyoming

Salt Lake County, UT

It just makes sense.®



Visit our website at
www.unitedhealthcareonline.com.