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IMPORTANT! Read these changes effective Jan. 1, 2016

Specialty medication administration for inflammatory conditions

Prior authorization will be required for administering the following specialty medications for inflammatory conditions in **hospital outpatient facilities**:

- Actemra®
- Entyvio®
- Orencia®
- Remicade®
- Simponi Aria®

Administration of these medications in a hospital setting means higher out-of-pocket costs for Caterpillar participants managing inflammatory conditions. To ease participant costs, providers may need to transition members to an alternate site of service, when there is a clinically appropriate more cost-effective option available, to continue benefit coverage. Prior authorization is **not** required for members to receive these medications through more cost-effective sites of service including home infusion, infusion in a doctor's office or ambulatory infusion centers.

Failure to complete the new process prior to administering infusion services for inflammatory conditions will result in claims denial. Providers cannot bill members for services that are denied due to lack of prior authorization.

Prior authorization for certain surgical services performed in an outpatient hospital setting

In an effort to minimize out-of-pocket costs for Caterpillar participants and to improve cost efficiencies, Caterpillar is participating in the implementation of prior authorization guidelines that encourage more cost-effective sites of service for certain outpatient surgical procedures, when medically appropriate. The procedures listed in this table will require prior authorization if performed in an **outpatient hospital setting**.

No prior authorization will be required if they are performed at a participating NetWork ambulatory surgery center. Coverage determinations will consider availability of a participating NetWork facility, specialty requirements, physician privileges and whether a patient has an individual need for access to more intensive services. To help ease this transition, we encourage you to familiarize yourself with ambulatory surgery centers in your area and obtain privileges to perform procedures in those settings, if you do not already have them.

If you don't obtain prior authorization before performing these procedures in an outpatient hospital, claims may be denied. Providers cannot bill members for services that are denied due to lack of prior authorization.

2 ways to obtain prior authorization:

1. Go to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorizations Submission. Using the website is an easy way to initiate prior authorization and is the preferred option.
2. Call the Provider Services number on the back of your patient's member healthcare ID card.

PROCEDURE	CPT CODES
Abdominal Paracentesis	49083
Carpal Tunnel Surgery	64721
Cataract Surgery	66821, 66982, 66984
Hernia Repair	49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655
Liver Biopsy	47000
Tonsillectomy & Adenectomy	42821, 42826
Upper & Lower Gastrointestinal Endoscopy	43235, 43239, 43249, 45378, 45380, 45384, 45385
Urologic Procedures	50590, 52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288

For more information on this requirement, please see the frequently asked questions and answers at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > Protocols > Site of Service for Outpatient Surgical Procedures FAQ.

New BRCA testing requirement

Effective Jan. 1, 2016, Caterpillar PPO Plan Participants will be **required** to receive genetic counseling before approval will be granted for testing for Breast Cancer (BRCA) mutations for hereditary breast and ovarian cancer. A genetic counseling visit will help our participants understand the advantages and limitations of BRCA mutation analysis so they can make informed health care decisions. Genetic counseling, which is recommended by the United States Preventive Services Tasks Force, as well as the National Comprehensive Cancer Network (NCCN), will help our participants understand if the test is right for them as well as help them interpret the results after testing. It must be provided by independent genetic specialists who aren't affiliated with the lab. Counseling can be done over the phone or in person, and it's covered as a preventive benefit. All care providers administering the BRCA laboratory test will be required to show evidence that the requirement has been fulfilled in order to receive prior authorization for the test.

For more information, go to UnitedHealthcareOnline.com > Clinician Resources > Oncology > Programs, Tools & Resources > BRCA Testing > Tools & Resources > BRCA Genetic Counseling Requirement Frequently Asked Questions. If you have questions or need more information, email UnitedHealthcare@unitedoncology@uhc.com.

Prior authorization for injectable chemotherapy administered in outpatient setting

In October 2015, all Caterpillar PPO NetWork hematology/oncology providers were notified that beginning January 1, 2016, certain injectable chemotherapy drugs will require Prior Authorization. With a goal to reduce service denials for Caterpillar participants undergoing chemotherapy treatment, Caterpillar will implement a prior authorization (PA) program for injectable chemotherapy administered in an outpatient setting and will use an online application process administered by UnitedHealthcare to manage the program. If you participate as a network provider with UnitedHealthcare, you will already be familiar with this process.

INJECTABLE CHEMOTHERAPY DRUGS REQUIRING PRIOR AUTHORIZATION:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
- **All** outpatient injectable chemotherapy drugs being administered on or after January 1, 2016 will require authorization.
- Existing 2015 treatment regimens, which will continue into 2016, will require authorization.

TO COMPLETE A PA REQUEST: Go to UnitedHealthcareOnline.com > Notifications / Prior Authorizations > Oncology Authorizations Submission & Status
The online prior authorization process is the only avenue available for the required approval.

If you provide the service before a coverage decision is rendered, and UnitedHealthcare ultimately determines that the service was not covered, UnitedHealthcare may deny the claim. Providers cannot bill members for services that are denied due to lack of prior authorization.

To help ease this transition, we encourage you to utilize the valuable training opportunities and education tools, as well as other information about this program, which can be found at UnitedHealthcareOnline.com > Clinician Resources > Oncology > Chemotherapy (Injectable) Prior Authorization Program. We strongly encourage you to take advantage of the available training materials to mitigate process issues arising in the future.

Advance Notification/Prior Authorization/ Medical Necessity Review

In September 2015, all Caterpillar PPO NetWork providers were notified that beginning January 1, 2016, certain services will require Advanced Notification/Prior Authorization/Medical Necessity. The Advanced Notification/Prior Authorization list will be updated from time to time by UnitedHealthcare (most likely quarterly).

The most current listing will always be found on UnitedHealthcare's provider portal at UnitedHealthcareOnline.com > Clinical Resources > Advance and Admission Notification Requirements > UnitedHealthcare Commercial Advance Notification Procedure Codes.

For Caterpillar, Advance Notification/Prior Authorization/Medical Necessity Review **will not** be required for the services listed under the "Other Advance Notification and Prior Authorization Programs". **It's your responsibility to review this list from time to time for any changes or updates. It's recommended to do this once a month. Also, make a point to read UnitedHealthcare's Network Bulletin when it's released to become aware of any changes in advance of their implementation.**

ATTENTION!!!

UnitedHealthcare reimbursement/protocol/ coverage changes

Please ensure someone in your office reviews the UnitedHealthcare Network Bulletin (the UHC provider newsletter) each month in order to stay current with any of UnitedHealthcare's changes in coverage or reimbursement policies.

The Network Bulletin may be found on UnitedHealthcare's website:
UnitedHealthcareOnline.com > Tools & Resources > News > Network Bulletin

2016 deductibles & maximum out-of-pockets

Some Caterpillar plans will have changes to the deductibles and maximum out-of-pocket amounts beginning January 1, 2016. As a reminder, individual participant information including deductible amounts, maximum out-of-pocket amounts and coverage information may be accessed through UnitedHealthcare's provider portal at UnitedHealthcareOnline.com.

CatHealthBenefits.com **changing to** benefits.cat.com

In December, the information located on CatHealthBenefits.com is moving to benefits.cat.com. For an extended period of time, CatHealthBenefits.com will redirect to the new website, benefits.cat.com, so information will be available at both web addresses in case your office forgets. Please make a note of the new address and update any bookmarks/favorites or saved links.


The website is your online resource for helpful information about our Provider NetWork, including:




- Advance Notification/Prior Authorization/Medical Necessity information
- Credentialing & recredentialing forms
- Contact information
- Participant ID cards (how to identify a participant's plan)
- Online provider directory & NetWork map
- Prescription drug lists
- UHC appeal information

PROVIDERS

Caterpillar partners with providers to make quality healthcare available to our employees, retirees and their families on a cost-effective basis. Certain counties in Illinois comprise the Caterpillar Healthcare PPO NetWork. Outside of these counties, the PPO network is administered by UnitedHealthcare. Our Blue Cross Blue Shield EPO network is administered by Blue Cross Blue Shield.

ILLINOIS COUNTIES IN THE CATERPILLAR PPO NETWORK
(yellow counties - click image to enlarge)



MEDICAL 	Rx 	DENTAL 
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- How to identify Caterpillar healthcare plans (link to Healthcare tab)
- Provider directories (link under Healthcare tab)
- Advance Notification/Prior Authorization/Medical Necessity Information:
 - Provider Notice - Facility
 - Provider Notice - Non-facility
- Caterpillar drug formulary
- Caterpillar preferred drug list
- Prior authorization forms (subpage under Rx section w/ tabs for forms)
- Specialty products list
- Dental review/appeals process
- Dental pre-treatment estimates
- Dental claim form

THINGS TO KNOW

Multiple Procedure Payment Reduction Reimbursement Policy changes

UnitedHealthcare has enhanced claims processing logic to align with industry standards and medical advancement. This change is consistent with CMS standards.

The Multiple Procedure Payment Reduction Reimbursement Policy is the industry standard for many other types of services, including surgical procedures. Recent system enhancements now made it possible to apply this logic to additional services.

Effective for dates of service November 1, 2015 and after, UnitedHealthcare is reducing payment on specific secondary services rendered in a single course of care to account for duplicative components. The secondary procedures are related to these services:

- Endoscopies
- Radiology interpretations
- Technical portion of certain diagnostic cardiology and ophthalmology services, including operating room access, payments made for the paper covering a patient lies on in the operating room, the syringe used to inject anesthesia and the insertion of a scope when the instrument is used to examine multiple internal areas.

Use **UnitedHealthcareOnline.com**

Use **UnitedHealthcareOnline.com** for secure access to many different tools, including patient eligibility, claims status, adjustments and certain UnitedHealthcare reimbursement and medical policies. For more information or to report problems with the system, contact the UnitedHealthcare Online Help Desk at **866-UHC-FAST (866-842-3278)**.

Coverage for USPSTF recommendations

Many Caterpillar PPO plans provide coverage of the U.S. Preventive Services Task Force (USPSTF) Grade A and Grade B recommendations. Benefits are payable in any Plan Year (a Plan Year begins Jan. 1) if such recommendation went into effect at least one year prior to the beginning of a Plan Year. For example, if an immunization or service received a recommendation by the USPSTF on March 12, 2010, coverage would be provided for that immunization or service effective Jan. 1, 2012. On occasion, a Grade A or Grade B recommendation may be implemented sooner.

If you have a question on whether or not a service is covered for a participant or the effective date for coverage of a service, contact UnitedHealthcare at **866-228-4215**. Please remember the Caterpillar PPO NetWork only provides coverage for Grade A or Grade B recommendations by the USPSTF.

Caterpillar Formulary & Specialty Products List

Caterpillar's Prescription Drug Formulary and Specialty Products List can be found on **benefits.cat.com** > Providers section. The Prescription Drug Formulary applies to active Caterpillar employees and certain retirees. The Prescription Drug Formulary and Specialty Products List are updated quarterly, and the updates can be found on **benefits.cat.com**. Prior Authorization forms can also be found on **benefits.cat.com** > Providers section.

Catamaran has changed its name to **OptumRx**. This name change has no impact on any participant's prescription drug coverage.

Submitting additional info for pended claims

UnitedHealthcare's Claims Management application has been updated so you can submit attachments for pended claims requiring additional information. When a claim is placed into pending status because additional information is required, you receive a letter in the mail requesting specific information. In the past, you had to submit this information by mail or fax – now you can speed up the process by submitting attachments online via Optum Cloud Dashboard.

When you check claims status in Claims Management, the search results screen shows claims in pended status. Selecting a pended claim will allow you to review the Remark Code and its description. Then you can select "Submit Attachment" from the "My Actions" menu. After submission, please allow 30 days for claim processing before checking the status using the "First and Last Date of Service" option on the Claim Search screen.

For more information, go to **UnitedHealthcareOnline.com** > Help > Optum Cloud Dashboard and refer to the Optum Cloud – Claims Management Quick Reference Guide.

Note: UnitedHealthcare frequently makes enhancements to Optum Cloud Dashboard. To make sure you don't miss important information, keep an eye on the News section of the **UnitedHealthcareOnline.com** homepage.

UnitedHealthcare ICD-10 website

The UnitedHealthcare ICD-10 website provides information on all things ICD-10. For example, an ICD-10 Provider Readiness Checklist details critical elements and recommended actions such as conducting financial and system impact assessments. The ICD-10 Code Lookup Tool is able to help providers understand how UnitedHealthcare interprets and maps ICD-9 codes to the new ICD-10 codes.

Access the site at: **UnitedHealthcareOnline.com** > Tools & Resources > Health Information Technology > ICD-10

Make life easier – Use UnitedHealthcare to verify participant benefits

Because Caterpillar has so many different plans for its participants, it may be difficult to identify what services are considered covered for your patients. Save time and call UnitedHealthcare's Caterpillar-dedicated phone line at **866-228-4215**, or use **UnitedHealthcareonline.com**, if you have questions regarding a particular participant's benefits.

NetWork provider credentialing & recredentialing has gone PAPERLESS

CatHealthBenefits.com is your safe source for all Caterpillar PPO NetWork credentialing, recredentialing and application requirements, including the most current Caterpillar-specific forms, the Release of Information, Provider Attestation, Provider Questionnaire and other helpful links.

Providers may access the web page at **benefits.cat.com** > Providers section. Once your forms are completed, fax them to **309-992-6609** or email them to **PR_Credentialing@cat.com**. *Help us continue on our paperless quest!*

CONTACT INFORMATION

UnitedHealthcare Medical Claims

PO Box 740800
Atlanta, GA 30374-0800
866-228-4215

Appeals Address

UnitedHealthcare
PO Box 30432
Salt Lake City, UT 84130-0432
ATTN: Caterpillar Appeals

WEBSITE RESOURCES

UnitedHealthcareOnline.com: Patient information, claims status, certain UHC policy/reimbursement information & forms

Benefits.cat.com (formerly CatHealthBenefits.com): Caterpillar PPO NetWork provider directory, NetWork map, forms, policies & other information

CATERPILLAR PROVIDER RELATIONS STAFF & RESPONSIBILITIES:

Provider Credentialing & NetWork Provider Maintenance

Kelly Coffey
Phone: 309-636-1795
Email: Coffey_Kelly_E@cat.com
Secure Fax: 309-992-6609

Physician & Ancillary Provider Contracting

Angie Karis
Phone: 309-675-4326
Email: Karis_Angela_M@cat.com
Secure Fax: 309-992-6307

Hospital & Facility Contracting

Beth Brosmer
Phone: 309-636-1391
Email: Brosmer_Beth_A@cat.com
Secure Fax: 309-992-7417

Office/provider changes

It's extremely important to notify Caterpillar of any new providers in your office prior to the rendering of services by the new provider. If a new provider sees Caterpillar patients before their acceptance to the Caterpillar PPO NetWork, the claims will be processed as out-of-network, and the provider's office will be expected to write off any out-of-network penalties.

Also, please contact Caterpillar at least 15 days before changes in office location, billing address, additional site, tax ID, personnel names, etc. are effective. This ensures claims are paid correctly. **You must contact Caterpillar even if you've already provided the info to UnitedHealthcare.** Please do not submit changes with your claims.

Help us keep our provider directory up-to-date! Notify us of any providers leaving your practice.



Compensation + Benefits AB4400
Caterpillar Inc.
100 NE Adams St.
Peoria, IL 61629-4400