

UnitedHealthcare Community Plan Medical Policy Update Bulletin: August 2023

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Take Note

Community Plan of Nebraska to Use National Policy Version

Effective **Aug. 1, 2023**, Community Plan of Nebraska will no longer maintain a state-specific version of the Medical Policy titled *Ablative Treatment for Spinal Pain (for Nebraska Only)*; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy version titled *Ablative Treatment for Spinal Pain*.

Medical Policy Updates

Policy Title	Status	Effective Date
Carrier Testing for Genetic Diseases (for Nebraska Only)	New	Oct. 1, 2023
Cell-Free Fetal DNA Testing	Revised	Oct. 1, 2023
Cell-Free Fetal DNA Testing (for Nebraska Only)	New	Oct. 1, 2023
Cell-Free Fetal DNA Testing (for New Jersey Only)	Revised	Oct. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions)	Revised	Oct. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for Nebraska Only)	New	Oct. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for New Jersey Only)	Revised	Oct. 1, 2023
Epidural Steroid Injections for Spinal Pain	Revised	Oct. 1, 2023
Epidural Steroid Injections for Spinal Pain (for New Jersey Only)	Revised	Oct. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis, and Treatment	Revised	Oct. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis, and Treatment (for New Jersey Only)	Revised	Oct. 1, 2023
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Nebraska Only)	New	Oct. 1, 2023
Genetic Testing for Cardiac Disease (for Nebraska Only)	New	Oct. 1, 2023
Genetic Testing for Hereditary Cancer (for Nebraska Only)	New	Oct. 1, 2023
Genetic Testing for Neuromuscular Disorders (for Nebraska Only)	New	Oct. 1, 2023
Glaucoma Surgical Treatments	Revised	Oct. 1, 2023
Glaucoma Surgical Treatments (for New Jersey Only)	Revised	Oct. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) – Site of Service (for Florida Only)	Updated	Sep. 1, 2023
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Updated	Aug. 1, 2023
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors (for New Jersey Only)	Updated	Aug. 1, 2023
Intrauterine Fetal Surgery (for Nebraska Only)	Updated	Aug. 1, 2023

Policy Title	Status	Effective Date
Intrauterine Fetal Surgery (for New Jersey Only)	Updated	Aug. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Nebraska Only)	New	Oct. 1, 2023
Outpatient Surgical Procedures – Site of Service	Updated	Aug. 1, 2023
Outpatient Surgical Procedures – Site of Service (for New Jersey Only)	Updated	Aug. 1, 2023
Pharmacogenetic Testing (for Nebraska Only)	New	Oct. 1, 2023
Preimplantation Genetic Testing and Related Services (for Nebraska Only)	New	Oct. 1, 2023
Skin and Soft Tissue Substitutes	Revised	Oct. 1, 2023
Skin and Soft Tissue Substitutes (for Nebraska Only)	Revised	Oct. 1, 2023
Skin and Soft Tissue Substitutes (for New Jersey Only)	Revised	Oct. 1, 2023
Sleep Studies	Revised	Oct. 1, 2023
Spinal Fusion and Decompression	Revised	Oct. 1, 2023
Spinal Fusion and Decompression (for New Jersey Only)	Revised	Oct. 1, 2023
Surgery of the Hand or Wrist	Updated	Oct. 1, 2023
Whole Exome and Whole Genome Sequencing (for Nebraska Only)	New	Oct. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Elevidys™ (Delandistrogene Moxparvovec-Rokl)	New	Sep. 1, 2023
Gonadotropin Releasing Hormone Analogs	Revised	Aug. 1, 2023
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	Sep. 1, 2023
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Sep. 1, 2023
Intravitreal Corticosteroid Implants	Updated	Aug. 1, 2023
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Updated	Aug. 1, 2023
Rebyota™ (Fecal Microbiota, Live-Jslm)	New	Sep. 1, 2023
Scenesse® (Afamelanotide)	Revised	Sep. 1, 2023
Synagis® (Palivizumab)	Updated	Aug. 1, 2023
Tzield® (Teplizumab-Mzww)	Revised	Sep. 1, 2023
Uplizna® (Inebilizumab-Cdon)	Revised	Sep. 1, 2023
Viltepsō® (Viltolarsen)	Updated	Aug. 1, 2023
Vyepti® (Eptinezumab-Jjmr)	Revised	Sep. 1, 2023
Vyjuvek™ (Beramagene Geperpavec-Svdt)	New	Sep. 1, 2023
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Updated	Aug. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Certified Nursing Assistant (CNA) or Home Health Aide for Adults Age 21 and Older (for Florida Only)	Retired	Aug. 1, 2023
Private Duty Nursing (PDN) Services (for New Jersey Only)	Updated	Sep. 1, 2023
Private Duty Nursing Services	Updated	Sep. 1, 2023
Private Duty Nursing Services (for Florida Only)	Updated	Sep. 1, 2023
Private Duty Nursing Services (for Nebraska Only)	Updated	Sep. 1, 2023

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medical Policy, Medical Benefit Drug Policy, and Coverage Determination Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).