

UnitedHealthcare Community Plan of North Carolina Medical Policy Update Bulletin: May 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 North Carolina to Use National Policy Version

Effective **May 1, 2023**, Community Plan of North Carolina will no longer maintain a state-specific version of the Medical Policy titled *Neurophysiologic Testing and Monitoring (for North Carolina Only)*; coverage guidelines for the state of North Carolina will now be provided in the Community Plan National policy version titled Neurophysiologic Testing and Monitoring.

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for North Carolina Only)	Revised	Jul. 1, 2023
Athletic Pubalgia Surgery	Revised	Jul. 1, 2023
Brow Ptosis and Eyelid Repair (for North Carolina Only)	Revised	Jul. 1, 2023
Cardiac Event Monitoring (for North Carolina Only)	Updated	Jul. 1, 2023
Cardiovascular Disease Risk Tests	Updated	Jul. 1, 2023
Chemotherapy Observation or Inpatient Hospitalization	Revised	Jul. 1, 2023
Discogenic Pain Treatment	Revised	Jul. 1, 2023
Hepatitis Screening	Updated	May 1, 2023
Interspinous Fusion and Decompression Devices (for North Carolina Only)	Revised	Jul. 1, 2023
Lower Extremity Prosthetics (for North Carolina Only)	Revised	Jul. 1, 2023
Minimally Invasive Spine Surgery Procedures (for North Carolina Only)	Revised	Jul. 1, 2023
Omnibus Codes (for North Carolina Only)	Revised	Jul. 1, 2023
Prostate Surgeries and Interventions (for North Carolina Only)	Revised	Jul. 1, 2023
Spinal Fusion and Decompression (for North Carolina Only)	Revised	Jul. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for North Carolina Only)	Revised	Jul. 1, 2023
Surgical Treatment for Spine Pain (for North Carolina Only)	Replaced	Jul. 1, 2023
Transanal Endoscopic Microsurgery	New	Jul. 1, 2023
Upper Extremity Myoelectric Prosthetic Devices (for North Carolina Only)	Revised	Jul. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs (for North Carolina Only)	Replaced	Jul. 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 Community Plan of North Carolina Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan of North Carolina is available at UHCprovider.com/NC > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of North Carolina Medical & Drug Policies and Coverage Determination Guidelines](#).