United Healthcare Community Plan

UnitedHealthcare Community Plan
Medical Policy Update Bulletin: February 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.

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for New Jersey Only)	Revised	Mar. 1, 2023
Apheresis	Revised	Mar. 1, 2023
Apheresis (for New Jersey Only)	Revised	Mar. 1, 2023
Attended Polysomnography for Evaluation of Sleep Disorders (for New Jersey Only)	Updated	Mar. 1, 2023
Bariatric Surgery	Updated	Feb. 1, 2023
Bariatric Surgery	Revised	Apr. 1, 2023
Bariatric Surgery (for New Jersey Only)	Revised	Apr. 1, 2023
Core Decompression for Avascular Necrosis (for New Jersey Only)	Updated	Apr. 1, 2023
Epidural Steroid Injections for Spinal Pain (for New Jersey Only)	Revised	Mar. 1, 2023
Functional Endoscopic Sinus Surgery (FESS)	Updated	Feb. 1, 2023
Liposuction for Lipedema (for Nebraska Only)	Revised	Apr. 1, 2023
Negative Pressure Wound Therapy	Revised	Apr. 1, 2023
Neurophysiologic Testing and Monitoring	Revised	Apr. 1, 2023
Obstructive and Central Sleep Apnea Treatment (for Nebraska Only)	Revised	Apr. 1, 2023
Oral and Enteral Nutrition (for Nebraska Only)	Updated	Apr. 1, 2023
Percutaneous Vertebroplasty and Kyphoplasty	Updated	Apr. 1, 2023
Percutaneous Vertebroplasty and Kyphoplasty (for New Jersey Only)	Updated	Apr. 1, 2023
Pharmacogenetic Panel Testing	Revised	Apr. 1, 2023
Pharmacogenetic Panel Testing (for New Jersey Only)	Revised	Apr. 1, 2023
Plagiocephaly and Craniosynostosis Treatment	Revised	Apr. 1, 2023
Plagiocephaly and Craniosynostosis Treatment (for New Jersey Only)	Revised	Apr. 1, 2023
Prolotherapy and Platelet Rich Plasma Therapies (for New Jersey Only)	Updated	Apr. 1, 2023
Provider Administered Drugs – Site of Care (for Nebraska Only)	Revised	Apr. 1, 2023
Provider Administered Drugs – Site of Care (for New Jersey Only)	Revised	Mar. 1, 2023
Sensory Integration Therapy and Auditory Integration Training (for New Jersey Only)	Revised	Mar. 1, 2023
Skin and Soft Tissue Substitutes	Revised	Apr. 1, 2023
Skin and Soft Tissue Substitutes (for Nebraska Only)	Revised	Apr. 1, 2023
Skin and Soft Tissue Substitutes (for New Jersey Only)	Revised	Apr. 1, 2023
Temporomandibular Joint Disorders	Revised	Apr. 1, 2023

Policy Title	Status	Effective Date
Temporomandibular Joint Disorders (for New Jersey Only)	Revised	Apr. 1, 2023
Vagus and External Trigeminal Nerve Stimulation (for New Jersey Only)	Updated	Apr. 1, 2023
Vertebral Body Tethering for Scoliosis (for New Jersey Only)	Updated	Apr. 1, 2023
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Updated	Apr. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	New	Mar. 1, 2023
Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®)	Revised	Mar. 1, 2023
Leqvio® (Inclisiran)	Revised	Mar. 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Feb. 1, 2023
Maximum Dosage and Frequency	Revised	Mar. 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Apr. 1, 2023
Review at Launch for New to Market Medications	Revised	Mar. 1, 2023
RNA-Targeted Therapies (Amvuttra™ and Onpattro®)	Revised	Mar. 1, 2023
Spevigo® (Spesolimab-Sbzo)	New	Mar. 1, 2023
Tzield™ (Teplizumab-Mzwv)	New	Mar. 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, 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 UnitedHealthcare Community Plan Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.