United Healthcare Community Plan

UnitedHealthcare Community Plan
Medical Policy Update Bulletin: May 2022

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

InterQual® 2022 Clinical Criteria: Apr. 2022 Release

Effective May 1, 2022, all applicable Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines have been updated to reflect the InterQual® clinical criteria reference(s) associated with the Apr. 2022 Release. For the list of impacted policies and corresponding details, click here.

Medical Policy Updates

Policy Title	Status	Effective Date
Diagnostic Spinal Ultrasonography (for New Jersey Only)	Revised	Jun. 1, 2022
Epidural Steroid Injections for Spinal Pain (for New Jersey Only)	Revised	Jun. 1, 2022
Facet Joint Injections for Spinal Pain (for New Jersey Only)	Revised	Jun. 1, 2022
Fecal Calprotectin Testing (for New Jersey Only)	Updated	Jun. 1, 2022
Femoroacetabular Impingement Syndrome (for New Jersey Only)	Replaced	Jun. 1, 2022
Functional Endoscopic Sinus Surgery (FESS) (for New Jersey Only)	Revised	Jun. 1, 2022
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for New Jersey Only)	Updated	Jun. 1, 2022
Genitourinary Pathogen Nucleic Acid Detection Panel Testing	Revised	Jul. 1, 2022
Hysterectomy (for New Jersey Only)	Updated	Jun. 1, 2022
Implanted Electrical Stimulator for Spinal Cord	Revised	Jul. 1, 2022
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for New Jersey Only)	Revised	Jun. 1, 2022
Manipulation Under Anesthesia	Revised	Jul. 1, 2022
Meniscus Implant and Allograft (for New Jersey Only)	Updated	Jun. 1, 2022
Nerve Graft to Restore Erectile Function During Radical Prostatectomy (for New Jersey Only)	Revised	Jun. 1, 2022
Neurophysiologic Testing and Monitoring (for New Jersey Only)	Revised	Jun. 1, 2022
Neuropsychological Testing Under the Medical Benefit (for New Jersey Only)	Revised	Jun. 1, 2022
Percutaneous Patent Foramen Ovale (PFO) Closure (for New Jersey Only)	New	Aug. 1, 2022
Percutaneous Vertebroplasty and Kyphoplasty (for New Jersey Only)	New	Aug. 1, 2022
Proton Beam Radiation Therapy	Updated	Jul. 1, 2022
Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for New Jersey Only)	New	Jun. 1, 2022
Spinal Fusion Enhancement Products	Revised	Jul. 1, 2022
Spinal Fusion Enhancement Products (for New Jersey Only)	Revised	Jun. 1, 2022

Policy Title	Status	Effective Date
Surgery of the Hip (for New Jersey Only)	Revised	Jun. 1, 2022
Surgery of the Knee (for New Jersey Only)	Revised	Jun. 1, 2022
Surgery of the Shoulder (for New Jersey Only)	Revised	Jun. 1, 2022
Surgical Treatment for Spine Pain	Updated	Jul. 1, 2022
Surgical Treatment for Spine Pain (for New Jersey Only)	Revised	Jun. 1, 2022
Total Artificial Disc Replacement for the Spine (for New Jersey Only)	Revised	Jun. 1, 2022
Whole Exome and Whole Genome Sequencing (for New Jersey Only)	Revised	Jun. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Jun. 1, 2022
Alpha1-Proteinase Inhibitors	Updated	May 1, 2022
Benlysta® (Belimumab)	Updated	May 1, 2022
Denosumab (Prolia® & Xgeva®)	Revised	Jun. 1, 2022
Enjaymo™ (Sutimlimab-Jome)	New	Jun. 1, 2022
Gamifant® (Emapalumab-Lzsg)	Updated	May 1, 2022
Givlaari® (Givosiran)	Updated	May 1, 2022
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Updated	May 1, 2022
Luxturna® (Voretigene Neparvovec-Rzyl)	Updated	May 1, 2022
Medical Therapies for Enzyme Deficiencies	Updated	May 1, 2022
Oncology Medication Clinical Coverage	Updated	May 1, 2022
Oxlumo™ (Lumasiran)	Updated	May 1, 2022
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Jun. 1, 2022
Saphnelo™ (Anifrolumab-Fnia)	Updated	May 1, 2022
Viltepso® (Viltolarsen)	Updated	May 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab)	Revised	Jun. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Jun. 1, 2022
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Updated	Jun. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Breast Reconstruction Post Mastectomy and Poland Syndrome (for Nebraska Only)	Updated	Jul. 1, 2022
Panniculectomy and Body Contouring Procedures (for New Jersey Only)	Updated	Jun. 1, 2022
Private Duty Nursing (PDN) Services	Updated	May 1, 2022
Private Duty Nursing (PDN) Services (for Florida Only)	Updated	May 1, 2022
Private Duty Nursing (PDN) Services (for Nebraska Only)	Updated	May 1, 2022
Private Duty Nursing (PDN) Services (for New Jersey Only)	Updated	May 1, 2022
Rhinoplasty and Other Nasal Surgeries (for New Jersey Only)	Revised	Jun. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Elective Inpatient Services	Updated	Jul. 1, 2022
Elective Inpatient Services (for New Jersey Only)	Updated	Jun. 1, 2022
Provider Administered Drugs – Site of Care (for New Jersey Only)	Revised	Jun. 1, 2022

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.