

UnitedHealthcare Community Plan

Medical Policy Update Bulletin: April 2021

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

Change in Policy Application Guidelines for Mississippi & Pennsylvania

The state(s) of Mississippi and/or Pennsylvania will not be excluded from the following policies on May 1, 2021 as previously announced. Refer to the policies for complete details on applicable guidelines.

- Abnormal Uterine Bleeding and Uterine Fibroids
- Airway Clearance Devices
- Articular Cartilage Defect Repairs
- Attended Polysomnography for Evaluation of Sleep Disorders
- Cognitive Rehabilitation
- Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes
- Cosmetic and Reconstructive Procedures
- Deep Brain and Cortical Stimulation
- Elbow Replacement Surgery (Arthroplasty)
- Electroencephalographic (EEG) Monitoring and Video Recording
- Implanted Electrical Stimulator for Spinal Cord
- Knee Replacement Surgery (Arthroplasty), Total and Partial
- Lower Extremity Invasive Diagnostic and Endovascular Procedures
- Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia
- Obstructive Sleep Apnea Treatment
- Orthognathic (Jaw) Surgery
- Pectus Deformity Repair
- Plagiocephaly and Craniosynostosis Treatment
- Pneumatic Compression Devices
- Rhinoplasty and Other Nasal Surgeries
- Shoulder Replacement Surgery (Arthroplasty)
- Speech Language Pathology Services
- Standing Systems and Pediatric Gait Trainers
- Surgery of the Hip
- Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins
- Surgical Treatment for Spine Pain
- Total Artificial Disc Replacement for the Spine

Quarterly CPT® and HCPCS Code Updates

All applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines have been modified to reflect the 2021 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association. Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids (for Louisiana Only)	Revised	May 1, 2021
Abnormal Uterine Bleeding and Uterine Fibroids (for New Jersey Only)	Revised	May 1, 2021
Abnormal Uterine Bleeding and Uterine Fibroids (for Tennessee Only)	Revised	May 1, 2021
Airway Clearance Devices (for Tennessee Only)	Revised	May 1, 2021
Articular Cartilage Defect Repairs (for Tennessee Only)	Revised	May 1, 2021
Bariatric Surgery (for Louisiana Only)	Updated	Apr. 1, 2021
Cardiac Event Monitoring (for New Jersey Only)	Revised	May 1, 2021
Cell-Free Fetal DNA Testing (for Louisiana Only)	Updated	Apr. 1, 2021
Cell-Free Fetal DNA Testing (for Tennessee Only)	Revised	May 1, 2021
Chelation Therapy for Non-Overload Conditions (for New Jersey Only)	Updated	May 1, 2021
Cochlear Implants (for Louisiana Only)	Updated	Apr. 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Revised	May 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Louisiana Only)	Updated	Apr. 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey Only)	Revised	May 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Pennsylvania Only)	Revised	May 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Tennessee Only)	Revised	May 1, 2021
Elbow Replacement Surgery (Arthroplasty) (for Louisiana Only)	Revised	May 1, 2021
Elbow Replacement Surgery (Arthroplasty) (for New Jersey Only)	Revised	May 1, 2021
Elbow Replacement Surgery (Arthroplasty) (for Tennessee Only)	Revised	May 1, 2021
Electrical and Ultrasound Bone Growth Stimulators (for Louisiana Only)	Updated	Apr. 1, 2021
Electrical and Ultrasound Bone Growth Stimulators (for New Jersey Only)	Revised	May 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording (for New Jersey Only)	Revised	May 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording (for Tennessee Only)	Revised	May 1, 2021
Epidural Steroid Injections (for Louisiana Only)	Updated	Apr. 1, 2021
Epidural Steroid Injections for Spinal Pain (for Tennessee Only)	Revised	May 1, 2021
Facet Joint Injections for Spinal Pain	Revised	Jun. 1, 2021
Facet Joint Injections for Spinal Pain (for Tennessee Only)	Revised	May 1, 2021
Functional Endoscopic Sinus Surgery (FESS) (for Tennessee Only)	Revised	May 1, 2021
High Frequency Chest Wall Compression Devices (for Louisiana Only)	Updated	Apr. 1, 2021
Hip Resurfacing and Replacement Surgery (Arthroplasty) (for Louisiana Only)	Revised	May 1, 2021
Hip Resurfacing and Replacement Surgery (Arthroplasty) (for New Jersey Only)	Revised	May 1, 2021
Hip Resurfacing and Replacement Surgery (Arthroplasty) (for Tennessee Only)	Revised	May 1, 2021
Implanted Electrical Stimulator for Spinal Cord	Revised	Jun. 1, 2021
Implanted Electrical Stimulator for Spinal Cord (for Louisiana Only)	Revised	May 1, 2021
Implanted Electrical Stimulator for Spinal Cord (for New Jersey Only)	Revised	May 1, 2021
Implanted Electrical Stimulator for Spinal Cord (for Tennessee Only)	Revised	May 1, 2021

Policy Title	Status	Effective Date
Knee Replacement Surgery (Arthroplasty), Total and Partial (for Louisiana Only)	Revised	May 1, 2021
Knee Replacement Surgery (Arthroplasty), Total and Partial (for New Jersey Only)	Revised	May 1, 2021
Knee Replacement Surgery (Arthroplasty), Total and Partial (for Tennessee Only)	Revised	May 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	May 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures (for Tennessee Only)	Revised	May 1, 2021
Lower Extremity Vascular Angiography (for New Jersey Only)	Revised	May 1, 2021
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia (for Tennessee Only)	Revised	May 1, 2021
Negative Pressure Wound Therapy (for Louisiana Only)	Updated	Apr. 1, 2021
Obstructive Sleep Apnea Treatment (for Louisiana Only)	Revised	May 1, 2021
Obstructive Sleep Apnea Treatment (for New Jersey Only)	Revised	May 1, 2021
Obstructive Sleep Apnea Treatment (for Tennessee Only)	Revised	May 1, 2021
Omnibus Codes (for Tennessee Only)	Updated	Apr. 1, 2021
Pneumatic Compression Devices (for Louisiana Only)	Revised	May 1, 2021
Pneumatic Compression Devices (for New Jersey Only)	Revised	May 1, 2021
Pneumatic Compression Devices (for Tennessee Only)	Revised	May 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for Louisiana Only)	Updated	May 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for New Jersey Only)	Revised	May 1, 2021
Proton Beam Radiation Therapy	Updated	Jun. 1, 2021
Shoulder Replacement Surgery (Arthroplasty) (for Louisiana Only)	Revised	May 1, 2021
Shoulder Replacement Surgery (Arthroplasty) (for New Jersey Only)	Revised	May 1, 2021
Shoulder Replacement Surgery (Arthroplasty) (for Tennessee Only)	Revised	May 1, 2021
Standing Systems and Gait Trainers (for New Jersey Only)	Revised	May 1, 2021
Standing Systems and Pediatric Gait Trainers (for Tennessee Only)	Revised	May 1, 2021
Surgical Treatment for Spine Pain	Revised	Jun. 1, 2021
Surgical Treatment for Spine Pain (for Louisiana Only)	Revised	May 1, 2021
Surgical Treatment for Spine Pain (for New Jersey Only)	Revised	May 1, 2021
Surgical Treatment for Spine Pain (for Tennessee Only)	Revised	May 1, 2021
Vagus and External Trigeminal Nerve Stimulation (for Tennessee Only)	Updated	Apr. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Updated	Apr. 1, 2021
Adakveo® (Crizanlizumab-Tmca)	Updated	Apr. 1, 2021
Adakveo® (Crizanlizumab-Tmca) (for Louisiana Only)	Retired	Apr. 1, 2021
Antiemetics for Oncology	New	Jul. 1, 2021
Entyvio® (Vedolizumab)	Updated	Apr. 1, 2021
Exondys 51® (Eteplirsén)	Updated	Apr. 1, 2021
Exondys 51® (Eteplirsén) (for Louisiana Only)	Retired	Apr. 1, 2021
Givlaari® (Givosiran)	Updated	May 1, 2021
Hereditary Angioedema (HAE), Treatment and Prophylaxis	Revised	May 1, 2021
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Revised	May 1, 2021

Policy Title	Status	Effective Date
Lemtrada (Alemtuzumab)	Revised	May 1, 2021
Lemtrada (Alemtuzumab) (for Louisiana Only)	Retired	Apr. 1, 2021
Oncology Medication Clinical Coverage	Revised	Jul. 1, 2021
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	May 1, 2021
Orencia® (Abatacept) Injection for Intravenous Infusion (for Louisiana Only)	Retired	Apr. 1, 2021
Parsabiv® (Etelcalcetide)	Revised	May 1, 2021
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	May 1, 2021
Scenesse® (Afamelanotide) (for Louisiana Only)	Updated	Apr. 1, 2021
Stelara® (Ustekinumab)	Updated	Apr. 1, 2021
Tepezza® (Teprotumumab-Trbw)	Revised	May 1, 2021
Testosterone Replacement or Supplementation Therapy (for Louisiana Only)	Revised	May 1, 2021
Trogarzo® (Ibalizumab-Uiyk)	Updated	Apr. 1, 2021
Tysabri® (Natalizumab)	Revised	May 1, 2021
Uplizna® (Inebilizumab-Cdon) (for Louisiana Only)	Updated	Apr. 1, 2021
Viltepsa® (Viltolarsen) (for Louisiana Only)	New	May 1, 2021
Vyondys 53™ (Golodirsen)	Updated	Apr. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services (for Louisiana Only)	Revised	Apr. 1, 2021
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Tennessee Only)	Revised	May 1, 2021
Non-Medical Transportation (for New Jersey Only)	New	May 1, 2021
Orthognathic (Jaw) Surgery	Revised	May 1, 2021
Orthognathic (Jaw) Surgery (for Louisiana Only)	Revised	May 1, 2021
Orthognathic (Jaw) Surgery (for New Jersey Only)	Revised	May 1, 2021
Orthognathic (Jaw) Surgery (for Tennessee Only)	Revised	May 1, 2021
Speech Language Pathology Services (for New Jersey Only)	Revised	May 1, 2021
Standing Systems (for Louisiana Only)	Updated	Apr. 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Elective Inpatient Services	New	May 1, 2021
Observation Services	New	May 1, 2021
Outpatient Speech, Occupational and Physical Therapy – Site of Service (for Florida Only)	Revised	May 1, 2021
Outpatient Speech, Occupational and Physical Therapy Services (for Florida Only)	Revised	May 1, 2021

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](#).