

UnitedHealthcare Community Plan Medical Policy Update Bulletin: April 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

Quarterly CPT® and HCPCS Code Updates

Effective Apr. 1, 2022, all applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the quarterly 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
Apheresis (for New Jersey Only)	Revised	May 1, 2022
Articular Cartilage Defect Repairs (for New Jersey Only)	Revised	May 1, 2022
Balloon Sinus Ostial Dilatation (for New Jersey Only)	Revised	May 1, 2022
Cardiovascular Disease Risk Tests	Updated	Jun. 1, 2022
Catheter Ablation for Atrial Fibrillation (for New Jersey Only)	Updated	May 1, 2022
Cell-Free Fetal DNA Testing (for New Jersey Only)	Revised	May 1, 2022
Cognitive Rehabilitation	Updated	Apr. 1, 2022
Cognitive Rehabilitation (for Nebraska Only)	Updated	Apr. 1, 2022
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey Only)	Revised	May 1, 2022
Corneal Hysteresis and Intraocular Pressure Measurement (for New Jersey Only)	Updated	Apr. 1, 2022
Deep Brain and Cortical Stimulation	Updated	Apr. 1, 2022
Epiduroscopy, Epidural Lysis of Adhesions and Discography (for New Jersey Only)	Revised	May 1, 2022
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds (for New Jersey Only)	Updated	May 1, 2022
Functional Endoscopic Sinus Surgery (FESS) (for New Jersey Only)	Revised	May 1, 2022
Intensity-Modulated Radiation Therapy (for New Jersey Only)	Revised	May 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for New Jersey Only)	Revised	May 1, 2022
Negative Pressure Wound Therapy	Revised	Jun. 1, 2022
Obstructive and Central Sleep Apnea Treatment	Revised	Jun. 1, 2022

Policy Title	Status	Effective Date
Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)	Revised	May 1, 2022
Osteochondral Grafting (for New Jersey Only)	Replaced	May 1, 2022
Prolotherapy and Platelet Rich Plasma Therapies (for New Jersey Only)	Updated	May 1, 2022
Skin and Soft Tissue Substitutes	Revised	Jun. 1, 2022
Surgery of the Elbow (for New Jersey Only)	Revised	May 1, 2022
Surgery of the Shoulder (for New Jersey Only)	Revised	May 1, 2022
Temporomandibular Joint Disorders (for New Jersey Only)	Revised	May 1, 2022
Transcatheter Heart Valve Procedures	Updated	Apr. 1, 2022
Vagus and External Trigeminal Nerve Stimulation (for New Jersey Only)	Revised	May 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording (for New Jersey Only)	Revised	May 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca)	Updated	May 1, 2022
Amondys 45™ (Casimersen)	Updated	Apr. 1, 2022
Antiemetics for Oncology	Updated	Apr. 1, 2022
Exondys 51® (Eteplirsen)	Updated	Apr. 1, 2022
Lemtrada® (Alemtuzumab)	Revised	May 1, 2022
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	May 1, 2022
Radicava® (Edaravone)	Updated	Apr. 1, 2022
Repository Corticotropin Injections	Revised	May 1, 2022
Review at Launch for New to Market Medications	Updated	Apr. 1, 2022
Somatostatin Analogs	Updated	Apr. 1, 2022
Stelara® (Ustekinumab)	Revised	May 1, 2022
Synagis® (Palivizumab)	Updated	Apr. 1, 2022
Tepezza® (Teprotumumab-Trbw)	Updated	Apr. 1, 2022
Trogarzo® (Ibalizumab-Uiyk)	Updated	Apr. 1, 2022
Vyondys 53™ (Golodirsen)	Updated	Apr. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements (for New Jersey Only)	Updated	May 1, 2022
Outpatient Physical and Occupational Therapy	Updated	Apr. 1, 2022
Outpatient Physical and Occupational Therapy (for Nebraska Only)	Updated	Apr. 1, 2022
Outpatient Physical and Occupational Therapy (for New Jersey Only)	Updated	Apr. 1, 2022
Outpatient Physical and Occupational Therapy (for New Jersey Only)	Revised	May 1, 2022
Speech Language Pathology Services	Updated	Apr. 1, 2022
Speech Language Pathology Services (for Nebraska Only)	Updated	Apr. 1, 2022
Speech Language Pathology Services (for New Jersey Only)	Updated	Apr. 1, 2022
Speech Language Pathology Services (for New Jersey Only)	Revised	May 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Observation Services (for Nebraska Only)	Updated	Jul. 1, 2022
Outpatient Speech, Occupational and Physical Therapy Services (for Florida Only)	Updated	Apr. 1, 2022
Outpatient Speech, Occupational and Physical Therapy – Site of Service (for Florida Only)	Updated	Apr. 1, 2022
Provider Administered Drugs – Site of Care (for New Jersey Only)	Revised	May 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](#).