

# UnitedHealthcare Community Plan Medical Policy Update Bulletin: August 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

### New Policy Libraries for Community Plan of Mississippi and Pennsylvania

The Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for the states of Mississippi and Pennsylvania will now be housed in their own libraries on UHCprovider.com. Beginning Aug. 1, 2021, the policies, along with their corresponding Medical Policy Update Bulletins, are available for your reference at the following locations:

#### Mississippi

- [UHCprovider.com/Mississippi](#) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan Medical & Drug Policies and Coverage Determination Guidelines
- [Click here to view the UnitedHealthcare Community Plan of Mississippi Medical Policy Update Bulletin: August 2021.](#)

#### Pennsylvania

- [UHCprovider.com/Pennsylvania](#) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan Medical & Drug Policies and Coverage Determination Guidelines
- [Click here to view the UnitedHealthcare Community Plan of Pennsylvania Medical Policy Update Bulletin: August 2021.](#)

### Implementation of Revisions Delayed: Maximum Dosage and Frequency

Implementation of the revisions to the Medical Benefit Drug Policy titled Maximum Dosage and Frequency, previously announced for an effective date of Aug. 1, 2021, has been postponed until Sep. 1, 2021.

## Medical Policy Updates

Policy Title	Status	Effective Date
Bone or Soft Tissue Healing and Fusion Enhancement Products (for New Jersey Only)	Revised	Sep. 1, 2021
Breast Imaging for Screening and Diagnosing Cancer (for New Jersey Only)	Revised	Sep. 1, 2021
Cardiac Event Monitoring (for New Jersey Only)	Updated	Aug. 1, 2021
Cell-Free Fetal DNA Testing	Updated	Aug. 1, 2021
Cell-Free Fetal DNA Testing (for New Jersey Only)	Revised	Sep. 1, 2021
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for New Jersey Only)	Revised	Sep. 1, 2021
Electric Tumor Treatment Field Therapy (for New Jersey Only)	Revised	Sep. 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording (for Nebraska Only)	Revised	Sep. 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording (for New Jersey Only)	Revised	Sep. 1, 2021
Epidural Steroid Injections for Spinal Pain	Updated	Oct. 1, 2021

Policy Title	Status	Effective Date
Genetic Testing for Neuromuscular Disorders (for New Jersey Only)	Revised	Sep. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Updated	Aug. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Nebraska Only)	Updated	Aug. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for New Jersey Only)	Updated	Aug. 1, 2021
Hip Resurfacing and Replacement Surgery (Arthroplasty) (for New Jersey Only)	Revised	Sep. 1, 2021
Intensity-Modulated Radiation Therapy	Revised	Oct. 1, 2021
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for New Jersey Only)	Revised	Sep. 1, 2021
Intrauterine Fetal Surgery	Revised	Oct. 1, 2021
Knee Replacement Surgery (Arthroplasty), Total and Partial (for New Jersey Only)	Revised	Sep. 1, 2021
Obstructive and Central Sleep Apnea Treatment	Revised	Oct. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies	Updated	Aug. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for Nebraska Only)	Updated	Aug. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for New Jersey Only)	Updated	Aug. 1, 2021
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	New	Oct. 1, 2021
Sacroiliac Joint Interventions	New	Oct. 1, 2021
Spinal Ultrasonography (for New Jersey Only)	Revised	Sep. 1, 2021
Surgery of the Ankle	New	Nov. 1, 2021
Surgery of the Foot	New	Nov. 1, 2021
Surgery of the Hand or Wrist	New	Nov. 1, 2021
Surgery of the Shoulder	Revised	Oct. 1, 2021

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Brineura® (Cerliponase Alfa)	Updated	Aug. 1, 2021
Cimzia® (Certolizumab Pegol)*	Revised	Sep. 1, 2021
Denied Drug Codes – Pharmacy Benefit Drugs	Revised	Sep. 1, 2021
Maximum Dosage and Frequency	Revised	Sep. 1, 2021
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Sep. 1, 2021
Orencia® (Abatacept) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Simponi Aria® (Golimumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Stelara® (Ustekinumab)*	Revised	Sep. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Sep. 1, 2021

\*Updated Aug. 3, 2021: Corrected summary of changes; refer to the detailed version of the [bulletin](#) for complete details

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services (for New Jersey Only)	Updated	Sep. 1, 2021
Home Health Care	Updated	Aug. 1, 2021

Policy Title	Status	Effective Date
Orthognathic (Jaw) Surgery (for New Jersey Only)	Revised	Sep. 1, 2021
Outpatient Physical and Occupational Therapy	Revised	Oct. 1, 2021
Outpatient Physical and Occupational Therapy (for New Jersey Only)	New	Oct. 1, 2021
Panniculectomy and Body Contouring Procedures (for New Jersey Only)	Revised	Sep. 1, 2021
Pectus Deformity Repair (for New Jersey Only)	Revised	Sep. 1, 2021
Speech Language Pathology Services	Revised	Oct. 1, 2021
Speech Language Pathology Services (for New Jersey Only)	Revised	Oct. 1, 2021

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Inpatient Pediatric Feeding Programs	Retired	Aug. 1, 2021
Inpatient Pediatric Feeding Programs (for Nebraska Only)	Retired	Aug. 1, 2021
Inpatient Pediatric Feeding Programs (for New Jersey Only)	Retired	Aug. 1, 2021
Provider Administered Drugs – Site of Care	Revised	Oct. 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](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).