

UnitedHealthcare Community Plan Medical Policy Update Bulletin: December 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

Annual CPT® and HCPCS Code Updates

Beginning Jan. 1, 2023, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be updated to reflect the 2023 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](#)

Complete details on impacted policies and corresponding code edits will be provided in the January 2023 edition of the Medical Policy Update Bulletin.

Community Plan of Florida to Use National Policy Version

Effective Dec. 1, 2022, Community Plan of Florida will no longer maintain a state-specific version of the Medical Policy titled *Manipulative Therapy (for Florida Only)*; coverage guidelines for the state of Florida will now be provided in the Community Plan National policy version titled Manipulative Therapy.

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for Nebraska Only)	Revised	Feb. 1, 2023
Attended Polysomnography for Evaluation of Sleep Disorders	Updated	Dec. 1, 2022
Breast Imaging for Screening and Diagnosing Cancer	Updated	Jan. 1, 2023
Breast Imaging for Screening and Diagnosing Cancer (for New Jersey Only)	Updated	Jan. 1, 2023
Cardiovascular Disease Risk Tests (for New Jersey Only)	Updated	Jan. 1, 2023
Cell-Free Fetal DNA Testing (for New Jersey Only)	Revised	Jan. 1, 2023
Chemotherapy Observation or Inpatient Hospitalization	Updated	Jan. 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Updated	Feb. 1, 2023
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis (for Nebraska Only)	Revised	Feb. 1, 2023
Hepatitis Screening (for New Jersey Only)	Revised	Jan. 1, 2023
Hospital Services: Observation and Inpatient (for Nebraska Only)	New	Feb. 1, 2023
Implanted Electrical Stimulator for Spinal Cord (for Nebraska Only)	Revised	Feb. 1, 2023
Implanted Electrical Stimulator for Spinal Cord (for New Jersey Only)	Revised	Jan. 1, 2023
Left Atrial Appendage Closure (Occlusion) (for Nebraska Only)	Revised	Feb. 1, 2023
Liposuction for Lipedema (for Nebraska Only)	New	Feb. 1, 2023

Policy Title	Status	Effective Date
Omnibus Codes (for Nebraska Only)	Revised	Feb. 1, 2023
Oral and Enteral Nutrition	Revised	Feb. 1, 2023
Orthognathic (Jaw) Surgery (for New Jersey Only)	Revised	Jan. 1, 2023
Panniculectomy and Body Contouring Procedures (for Nebraska Only)	Revised	Feb. 1, 2023
Preimplantation Genetic Testing and Related Services (for New Jersey Only)	Revised	Jan. 1, 2023
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	Revised	Feb. 1, 2023
Rhinoplasty and Other Nasal Surgeries (for Nebraska Only)	Revised	Feb. 1, 2023
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	Updated	Feb. 1, 2023
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for New Jersey Only)	Updated	Feb. 1, 2023
Surgical Treatment of Lymphedema (for New Jersey Only)	New	Jan. 1, 2023
Total Artificial Disc Replacement for the Spine	Revised	Feb. 1, 2023
Total Artificial Disc Replacement for the Spine (for New Jersey Only)	Revised	Feb. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	Updated	Jan. 1, 2023
Buprenorphine (Probuphine® & Sublocade®)	Updated	Dec. 1, 2022
Denied Drug Codes – Pharmacy Benefit Drugs	Revised	Jan. 1, 2023
Erythropoiesis-Stimulating Agents	Revised	Jan. 1, 2023
Gamifant® (Emapalumab-Lzsg)	Updated	Dec. 1, 2022
Immune Globulin (IVIG and SCIG)	Revised	Jan. 1, 2023
Luxturna® (Voretigene Neparvovec-Rzyl)	Updated	Dec. 1, 2022
Maximum Dosage and Frequency	Revised	Jan. 1, 2023
Oncology Medication Clinical Coverage	Revised	Jan. 1, 2023
Radicava® (Edaravone)	Updated	Dec. 1, 2022
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Jan. 1, 2023
RNA-Targeted Therapies (Amvuttra™ and Onpattro®)	Revised	Jan. 1, 2023
Skyrizi® (Risankizumab-Rzaa)	Updated	Jan. 1, 2023
Sodium Hyaluronate	Updated	Jan. 1, 2023
Somatostatin Analogs	Updated	Jan. 1, 2023
Tezspire® (Tezepelumab-Ekko)	Revised	Jan. 1, 2023
Vyepti® (Eptinezumab-Jjmr)	Updated	Dec. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Jan. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Private Duty Nursing Services (for Nebraska Only)	Revised	Feb. 1, 2023

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Observation Services (for Nebraska Only)	Replaced	Feb. 1, 2023

Policy Title	Status	Effective Date
Provider Administered Drugs – Site of Care (for New Jersey Only)	Revised	Jan. 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](#).