

UnitedHealthcare Community Plan Medical Policy Update Bulletin: June 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 Louisiana and Tennessee

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

Louisiana

- UHCprovider.com/Louisiana > 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 Louisiana Medical Policy Update Bulletin: June 2021.

Tennessee

- UHCprovider.com/Tennessee > 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 Tennessee Medical Policy Update Bulletin: June 2021.

Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs (for Nebraska Only)	Revised	Aug. 1, 2021
Balloon Sinus Ostial Dilatation (for Nebraska Only)	Revised	Aug. 1, 2021
Bariatric Surgery (for Nebraska Only)	Updated	Jun. 1, 2021
Bone or Soft Tissue Healing and Fusion Enhancement Products (for Nebraska Only)	Revised	Aug. 1, 2021
Breast Imaging for Screening and Diagnosing Cancer (for Nebraska Only)	Revised	Aug. 1, 2021
Cardiac Event Monitoring (for New Jersey Only)	Revised	Jul. 1, 2021
Cardiovascular Disease Risk Tests (for Nebraska Only)	Updated	Jun. 1, 2021
Cochlear Implants	Revised	Aug. 1, 2021
Cognitive Rehabilitation	Revised	Aug. 1, 2021
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Nebraska Only)	Revised	Aug. 1, 2021
Electric Tumor Treatment Field Therapy (for Nebraska Only)	Revised	Aug. 1, 2021
Electrical and Ultrasound Bone Growth Stimulators (for New Jersey Only)	Revised	Jul. 1, 2021
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Aug. 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording	Revised	Aug. 1, 2021
Epiduroscopy, Epidural Lysis of Adhesions and Discography (for Nebraska Only)	Revised	Aug. 1, 2021

Policy Title	Status	Effective Date
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds (for Nebraska Only)	Updated	Aug. 1, 2021
Fecal Calprotectin Testing (for Nebraska Only)	Updated	Aug. 1, 2021
Femoroacetabular Impingement Syndrome (for Nebraska Only)	Replaced	Aug. 1, 2021
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Updated	Aug. 1, 2021
Genetic Testing for Cardiac Disease	Revised	Aug. 1, 2021
Glaucoma Surgical Treatments	Revised	Aug. 1, 2021
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Revised	Aug. 1, 2021
Implanted Electrical Stimulator for Spinal Cord	Revised	Aug. 1, 2021
Intensity-Modulated Radiation Therapy (for Nebraska Only)	Revised	Aug. 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Aug. 1, 2021
Macular Degeneration Treatment Procedures	Revised	Aug. 1, 2021
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia (for Nebraska Only)	Revised	Aug. 1, 2021
Obstructive Sleep Apnea Treatment	Revised	Aug. 1, 2021
Plagiocephaly and Craniosynostosis Treatment (for Nebraska Only)	Revised	Aug. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for New Jersey Only)	Updated	Jul. 1, 2021
Surgery of the Foot	New	Sep. 1, 2021
Surgery of the Hip (for Nebraska Only)	Revised	Aug. 1, 2021
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Nebraska Only)	Revised	Aug. 1, 2021
Temporomandibular Joint Disorders (for Nebraska Only)	New	Aug. 1, 2021
Total Artificial Disc Replacement for the Spine (for Nebraska Only)	Revised	Aug. 1, 2021
Vagus and External Trigeminal Nerve Stimulation (for Nebraska Only)	Updated	Jun. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	New	Jul. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Jul. 1, 2021
Exondys 51® (Eteplirsen) (for Pennsylvania Only)	Updated	Jun. 1, 2021
Givlaari® (Givosiran) (for Pennsylvania Only)	Updated	Jul. 1, 2021
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	Revised	Jul. 1, 2021
Long-Acting Injectable Antiretroviral Agents for HIV	New	Jul. 1, 2021
Sodium Hyaluronate	Updated	Jun. 1, 2021
Spinraza® (Nusinersen)	Revised	Jul. 1, 2021
Vyondys 53™ (Golodirsen) (for Pennsylvania Only)	Updated	Jun. 1, 2021
Xiaflex® (Collagenase Clostridium Histolyticum)	Revised	Jul. 1, 2021
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Revised	Jul. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	Aug. 1, 2021
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (for Nebraska Only)	Revised	Aug. 1, 2021

Policy Title	Status	Effective Date
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Aug. 1, 2021
Breast Reconstruction Post Mastectomy and Poland Syndrome (for Nebraska Only)	Revised	Aug. 1, 2021
Breast Reduction Surgery (for Nebraska Only)	Revised	Aug. 1, 2021
Breast Repair/Reconstruction Not Following Mastectomy (for Nebraska Only)	Revised	Aug. 1, 2021
Cosmetic and Reconstructive Procedures	Updated	Aug. 1, 2021
Emergency Health Care Services and Urgent Care Center Services (for Maryland Only)	Revised	Jul. 1, 2021
Pectus Deformity Repair (for Nebraska Only)	Revised	Aug. 1, 2021
Pediatric Gait Trainers, Standing Systems, and Walkers (for New Jersey Only)	Revised	Jul. 1, 2021
Rhinoplasty and Other Nasal Surgeries	Updated	Jun. 1, 2021
Rhinoplasty and Other Nasal Surgeries (for Nebraska Only)	Revised	Aug. 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Elective Inpatient Services (for Nebraska Only)	New	Aug. 1, 2021
Observation Services (for Nebraska Only)	New	Aug. 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](#).