

# UnitedHealthcare Community Plan Medical Policy Update Bulletin: March 2023

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

Beginning Apr. 1, 2023, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be 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](#)

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

### Community Plan of Nebraska to Use National Policy Versions

Effective Mar. 1, 2023, Community Plan of Nebraska will no longer maintain state-specific Medical Policies for the following services; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy versions listed below:

- Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia
- Noncontact Warming Therapy, Ultrasound Therapy and Fluorescence Imaging for Wounds
- Video Electroencephalographic (vEEG) Monitoring and Recording

## Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs	Revised	May 1, 2023
Balloon Sinus Ostial Dilation (for New Jersey Only)	Updated	Apr. 1, 2023
Bariatric Surgery (for Nebraska Only)	Revised	May 1, 2023
Catheter Ablation for Atrial Fibrillation	Revised	May 1, 2023
Catheter Ablation for Atrial Fibrillation (for New Jersey Only)	Revised	May 1, 2023
Clinical Trials	Updated	Mar. 1, 2023
Collagen Crosslinks and Biochemical Markers of Bone Turnover (for New Jersey Only)	Updated	May 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Nebraska Only)	Revised	May 1, 2023
Deep Brain and Cortical Stimulation (for New Jersey Only)	Revised	May 1, 2023
Elective Inpatient Services	Updated	May 1, 2023
Functional Endoscopic Sinus Surgery (FESS) (for New Jersey Only)	Updated	Apr. 1, 2023
Glaucoma Surgical Treatments	Updated	Mar. 1, 2023

Policy Title	Status	Effective Date
Glaucoma Surgical Treatments (for New Jersey Only)	Updated	Mar. 1, 2023
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Revised	May 1, 2023
Hepatitis Screening (for Nebraska Only)	Revised	Mar. 1, 2023
Hepatitis Screening (for New Jersey Only)	Updated	Apr. 1, 2023
Home Health, Skilled and Custodial Care Services (for Nebraska Only)	Revised	Mar. 1, 2023
Hysterectomy	Revised	May 1, 2023
Hysterectomy (for Nebraska Only)	Revised	May 1, 2023
Hysterectomy (for New Jersey Only)	Revised	May 1, 2023
Implanted Electrical Stimulator for Spinal Cord	Updated	May 1, 2023
Macular Degeneration Treatment Procedures (for New Jersey Only)	Revised	Apr. 1, 2023
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials	Updated	Mar. 1, 2023
Mechanical Stretching Devices (for New Jersey Only)	Updated	May 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	May 1, 2023
Negative Pressure Wound Therapy (for New Jersey Only)	Revised	Apr. 1, 2023
Neurophysiologic Testing and Monitoring (for New Jersey Only)	Revised	Apr. 1, 2023
Oral and Enteral Nutrition (for New Jersey Only)	Revised	Apr. 1, 2023
Outpatient Surgical Procedures – Site of Service	Updated	May 1, 2023
Prostate Surgeries and Interventions	Revised	Mar. 1, 2023
Prostate Surgeries and Interventions (for New Jersey Only)	Revised	Mar. 1, 2023
Proton Beam Radiation Therapy	Updated	May 1, 2023
Rhinoplasty and Other Nasal Surgeries (for Nebraska Only)	Updated	Mar. 1, 2023
Sacral Nerve Stimulation for Urinary and Fecal Indications	New	Jun. 1, 2023
Sacral Nerve Stimulation for Urinary and Fecal Indications (for New Jersey Only)	New	Jun. 1, 2023
Temporomandibular Joint Disorders (for Nebraska Only)	Revised	May 1, 2023
Total Artificial Disc Replacement for the Spine	Revised	May 1, 2023
Total Artificial Disc Replacement for the Spine (for New Jersey Only)	Revised	May 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B	Revised	Apr. 1, 2023
Brineura® (Cerliponase Alfa)	Updated	Mar. 1, 2023
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Updated	Mar. 1, 2023
Ketalar® (Ketamine) and Spravato® (Esketamine) (for New Jersey Only)	Revised	Apr. 1, 2023
Trogarzo® (Ibalizumab-Uiyk)	Updated	Mar. 1, 2023

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Outpatient Surgical Procedures – Site of Service (for New Jersey Only)	Revised	Apr. 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).