

UnitedHealthcare Community Plan Medical Policy Update Bulletin: May 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

Policy Implementation Delay for Louisiana

The following policies will not be effective on Apr. 1, 2021 for the state of Louisiana as previously announced; implementation has been postponed until further notice.

- Negative Pressure Wound Therapy (for Louisiana Only)
- Standing Systems (for Louisiana Only)

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices	Revised	May 1, 2021
Apheresis (for Nebraska Only)	Revised	Jul. 1, 2021
Articular Cartilage Defect Repairs	Revised	Jul. 1, 2021
Articular Cartilage Defect Repairs (for Tennessee Only)	Revised	Jun. 1, 2021
Attended Polysomnography for Evaluation of Sleep Disorders	Revised	May 1, 2021
Autologous Cellular Therapy for Certain Indications (for Florida Only)	Replaced	May 1, 2021
Bone or Soft Tissue Healing and Fusion Enhancement Products (for Florida Only)	Replaced	May 1, 2021
Breast Imaging for Screening and Diagnosing Cancer (for Florida Only)	Replaced	May 1, 2021
Cardiac Event Monitoring	Revised	Jul. 1, 2021
Cardiac Event Monitoring (for Louisiana Only)	Revised	Jul. 1, 2021
Cardiac Event Monitoring (for Nebraska Only)	Revised	Jul. 1, 2021
Cardiac Event Monitoring (for Tennessee Only)	Revised	Jul. 1, 2021
Catheter Ablation for Atrial Fibrillation	New	Jul. 1, 2021
Catheter Ablation for Atrial Fibrillation (for Nebraska Only)	New	Jul. 1, 2021
Catheter Ablation for Atrial Fibrillation (for New Jersey Only)	New	Jul. 1, 2021
Catheter Ablation for Atrial Fibrillation (for Tennessee Only)	New	Jul. 1, 2021
Cell-Free Fetal DNA Testing	Revised	Jul. 1, 2021
Chelation Therapy for Non-Overload Conditions (for Florida Only)	Replaced	May 1, 2021
Chromosome Microarray Testing (Non-Oncology Conditions)	Updated	Jul. 1, 2021
Cochlear Implants (for Florida Only)	Replaced	May 1, 2021
Cognitive Rehabilitation (for Nebraska Only)	Revised	Jul. 1, 2021
Cognitive Rehabilitation (for Tennessee Only)	Revised	Jun. 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Tennessee Only)	Updated	Jun. 1, 2021

Policy Title	Status	Effective Date
Deep Brain and Cortical Stimulation	Revised	May 1, 2021
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Jul. 1, 2021
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Tennessee Only)	Revised	Jul. 1, 2021
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds (for Florida Only)	Replaced	May 1, 2021
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Florida Only)	Replaced	May 1, 2021
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for New Jersey Only)	New	Jun. 1, 2021
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Tennessee Only)	Revised	Jun. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Nebraska Only)	Updated	Jul. 1, 2021
Hepatitis Screening (for Nebraska Only)	Revised	Jul. 1, 2021
Home Hemodialysis	Updated	May 1, 2021
Hysterectomy	New	Jul. 1, 2021
Hysterectomy (for Nebraska Only)	New	Jul. 1, 2021
Hysterectomy (for New Jersey Only)	New	Jul. 1, 2021
Hysterectomy (for Tennessee Only)	New	Jul. 1, 2021
Intensity-Modulated Radiation Therapy (for Tennessee Only)	Revised	Jun. 1, 2021
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for Florida Only)	Replaced	May 1, 2021
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for Nebraska Only)	Revised	Jul. 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Jul. 1, 2021
Neurophysiologic Testing and Monitoring (for Nebraska Only)	Revised	Jul. 1, 2021
Occipital Neuralgia and Headache Treatment (for Florida Only)	Replaced	May 1, 2021
Omnibus Codes	Revised	Jul. 1, 2021
Omnibus Codes (for Pennsylvania Only)	Revised	Jul. 1, 2021
Pharmacogenetic Testing	Updated	May 1, 2021
Plagiocephaly and Craniosynostosis Treatment (for Tennessee Only)	Revised	Jun. 1, 2021
Preimplantation Genetic Testing (for Florida Only)	Replaced	May 1, 2021
Surgery of the Elbow	Revised	Jul. 1, 2021
Surgery of the Knee	Revised	Jul. 1, 2021
Surgery of the Shoulder	Revised	Jul. 1, 2021
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Tennessee Only)	Revised	Jun. 1, 2021
Temporomandibular Joint Disorders	New	Jul. 1, 2021
Temporomandibular Joint Disorders (for Tennessee Only)	New	Jul. 1, 2021
Total Artificial Disc Replacement for the Spine	Revised	May 1, 2021
Total Artificial Heart (for Louisiana Only)	Updated	May 1, 2021
Total Artificial Heart and Ventricular Assist Devices	Revised	Jul. 1, 2021
Total Artificial Heart and Ventricular Assist Devices (for Tennessee Only)	Revised	Jul. 1, 2021
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Revised	Jul. 1, 2021
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for New Jersey Only)	Retired	May 1, 2021

Policy Title	Status	Effective Date
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Tennessee Only)	Revised	Jul. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45™ (Casimersen)	New	Jun. 1, 2021
Benlysta® (Belimumab) (for Louisiana Only)	Revised	Jun. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®) (for Louisiana Only)	Revised	Jun. 1, 2021
Denied Drug Codes – Pharmacy Benefit Drugs	Updated	May 1, 2021
Evkeeza™ (Evinacumab-Dgnb)	New	Jun. 1, 2021
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Jun. 1, 2021
Maximum Dosage and Frequency (for Louisiana Only)	Revised	Jun. 1, 2021
Nplate® (Romiplostim)	New	Jun. 1, 2021
Oxlumo™ (Lumasiran) (for Louisiana Only)	New	Jun. 1, 2021
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Jun. 1, 2021
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®) (for Louisiana Only)	Revised	Jun. 1, 2021
Spinraza® (Nusinersen) (for Pennsylvania Only)	Revised	Jun. 1, 2021
Tepezza® (Teprotumumab-Trbw)	Revised	Jun. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	Jul. 1, 2021
Ambulance Services (for Florida Only)	Replaced	Jul. 1, 2021
Ambulance Services (for Nebraska Only)	Revised	Jul. 1, 2021
Beds and Mattresses	Revised	Jul. 1, 2021
Beds and Mattresses (for Louisiana Only)	Updated	Jul. 1, 2021
Beds and Mattresses (for Tennessee Only)	Revised	Jul. 1, 2021
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (for Tennessee Only)	Revised	Jun. 1, 2021
Breast Reduction Surgery (for Louisiana Only)	Revised	May 1, 2021
Clinical Trials	Updated	May 1, 2021
Cosmetic and Reconstructive Procedures (for Tennessee Only)	Revised	Jun. 1, 2021
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Revised	Jul. 1, 2021
Home Health Care (for Nebraska Only)	Revised	Jul. 1, 2021
Manual Wheelchairs	Revised	Jul. 1, 2021
Manual Wheelchairs (for Tennessee Only)	Revised	Jul. 1, 2021
Patient Lifts	Revised	Jul. 1, 2021
Patient Lifts (for Louisiana Only)	Updated	Jul. 1, 2021
Pectus Deformity Repair	Revised	May 1, 2021
Pediatric Gait Trainers, Standing Systems, and Walkers	Revised	Jul. 1, 2021
Power Mobility Devices	Revised	Jul. 1, 2021
Private Duty Nursing (PDN) Services	Revised	Jun. 1, 2021
Rhinoplasty and Other Nasal Surgeries (for Tennessee Only)	Revised	Jun. 1, 2021

Policy Title	Status	Effective Date
Speech Generating Devices	Revised	Jul. 1, 2021
Speech Generating Devices (for Tennessee Only)	Revised	Jul. 1, 2021
Therapeutic Shoes and Inserts for Diabetes	Revised	Jul. 1, 2021
Therapeutic Shoes and Inserts for Diabetes (for Tennessee Only)	Revised	Jul. 1, 2021
Transcutaneous Electrical Nerve/Joint Stimulators	Revised	Jul. 1, 2021
Transcutaneous Electrical Nerve/Joint Stimulators (for Tennessee Only)	Revised	Jul. 1, 2021
Wheelchair Options and Accessories	Revised	Jul. 1, 2021
Wheelchair Seating	Revised	Jul. 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Chemotherapy Observation or Inpatient Hospitalization	New	Jul. 1, 2021
Chemotherapy Observation or Inpatient Hospitalization (for Nebraska Only)	New	Jul. 1, 2021
Chemotherapy Observation or Inpatient Hospitalization (for New Jersey Only)	New	Jul. 1, 2021
Chemotherapy Observation or Inpatient Hospitalization (for Tennessee Only)	New	Jul. 1, 2021
Elective Inpatient Services	New	May 1, 2021
Inpatient Pediatric Feeding Programs	New	Jul. 1, 2021
Inpatient Pediatric Feeding Programs (for Nebraska Only)	New	Jul. 1, 2021
Inpatient Pediatric Feeding Programs (for New Jersey Only)	New	Jul. 1, 2021
Inpatient Pediatric Feeding Programs (for Tennessee Only)	New	Jul. 1, 2021
Observation Services	New	May 1, 2021
Pediatric Outpatient Intensive Feeding Programs	New	Jul. 1, 2021
Pediatric Outpatient Intensive Feeding Programs (for New Jersey Only)	New	Jul. 1, 2021
Pediatric Outpatient Intensive Feeding Programs (for Tennessee Only)	New	Jul. 1, 2021
Provider Administered Drugs – Site of Care (for Nebraska Only)	Revised	Jul. 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](#).