United Healthcare Community Plan

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# Medical Policy Update Bulletin: September 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 ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning Oct. 1, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be updated to reflect the annual ICD-10 and quarterly CPT/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 (CMS): International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) (Diagnosis) Codes: 2022
- Centers for Medicare & Medicaid Services (CMS): International Classification of Diseases, Tenth Revision (ICD-10) Procedure Coding System (PCS) Codes: 2022
- Centers for Medicare & Medicaid Services (CMS): Healthcare Common Procedure Coding System (HCPCS) Quarterly Update

Complete details on impacted policies and corresponding code edits will be provided in the October 2022 edition of the Medical Policy Update Bulletin.

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

Effective Sep. 1, 2022, Community Plan of Nebraska will no longer maintain state-specific Medical Policies or Utilization Review Guidelines for the following services; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy versions listed below:

| Policy Title | Policy Type |
|---|---|
| Airway Clearance Devices | Medical Policy |
| Apheresis | Medical Policy |
| Bariatric Surgery | Medical Policy |
| Catheter Ablation for Atrial Fibrillation | Medical Policy |
| Computer-Assisted Surgical Navigation for Musculoskeletal Procedures | Medical Policy |
| Computerized Dynamic Posturography | Medical Policy |
| Deep Brain and Cortical Stimulation | Medical Policy |
| Discogenic Pain Treatment | Medical Policy |
| Elective Inpatient Services | Utilization Review Guideline |
| Electric Tumor Treatment Field Therapy | Medical Policy |
| Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome | Medical Policy |
| Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds | Medical Policy |
| Glaucoma Surgical Treatments | Medical Policy |

| Policy Title | Policy Type |
|---|---|
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Medical Policy |
| Laser Interstitial Thermal Therapy | Medical Policy |
| Light and Laser Therapy | Medical Policy |
| Lithotripsy for Salivary Stones | Medical Policy |
| Mechanical Stretching Devices | Medical Policy |
| Percutaneous Patent Foramen Ovale (PFO) Closure | Medical Policy |
| Plagiocephaly and Craniosynostosis Treatment | Medical Policy |
| Prolotherapy and Platelet Rich Plasma Therapies | Medical Policy |
| Surgery of the Hip | Medical Policy |
| Surgery of the Shoulder | Medical Policy |
| Transcranial Magnetic Stimulation | Medical Policy |
| Vagus and External Trigeminal Nerve Stimulation | Medical Policy |
| Vertebral Body Tethering for Scoliosis | Medical Policy |

## Medical Policy Updates

| Policy Title | Status | Effective Date |
|---|---|---|
| Beds and Mattresses | Revised | Nov. 1, 2022 |
| Beds and Mattresses (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Breast Reduction Surgery | Revised | Nov. 1, 2022 |
| Cardiac Event Monitoring | Revised | Nov. 1, 2022 |
| Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes | Updated | Sep. 1, 2022 |
| Cosmetic and Reconstructive Procedures | Revised | Nov. 1, 2022 |
| Cosmetic and Reconstructive Procedures (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Electrical Bioimpedance for Cardiac Output Measurement (for New Jersey Only) | Retired | Sep. 1, 2022 |
| Gynecomastia Surgery | Revised | Nov. 1, 2022 |
| Gynecomastia Surgery (for Florida Only) | Revised | Nov. 1, 2022 |
| Gynecomastia Surgery (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Home Hemodialysis (for New Jersey Only) | Updated | Nov. 1, 2022 |
| Home Traction Therapy (for New Jersey Only) | Updated | Nov. 1, 2022 |
| Hospital Services: Observation and Inpatient | New | Dec. 1, 2022 |
| Intensity-Modulated Radiation Therapy | Revised | Nov. 1, 2022 |
| Manipulative Therapy (for Florida Only) | Updated | Oct. 1, 2022 |
| Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) | Revised | Nov. 1, 2022 |
| Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Patient Lifts | Revised | Nov. 1, 2022 |
| Patient Lifts (for Nebraska Only) | Revised | Nov. 1, 2022 |
| Patient Lifts (for New Jersey Only) | New | Nov. 1, 2022 |
| Pectus Deformity Repair | Revised | Nov. 1, 2022 |
| Pectus Deformity Repair (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Skin and Soft Tissue Substitutes (for Nebraska Only) | Revised | Nov. 1, 2022 |
| Speech Generating Devices | Revised | Nov. 1, 2022 |

| Policy Title | Status | Effective Date |
|---|---|---|
| Speech Generating Devices (for New Jersey Only) | Revised | Nov. 1, 2022 |
| Surgery of the Foot | Revised | Nov. 1, 2022 |
| Surgery of the Hand or Wrist | Revised | Nov. 1, 2022 |

## Medical Benefit Drug Policy Updates

| Policy Title | Status | Effective Date |
|---|---|---|
| Denied Drug Codes – Pharmacy Benefit Drugs | Updated | Sep. 1, 2022 |
| Hereditary Angioedema (HAE), Treatment and Prophylaxis | Updated | Sep. 1, 2022 |
| Immune Globulin (IVIG and SCIG) | Revised | Oct. 1, 2022 |
| Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®) | Revised | Oct. 1, 2022 |
| Leqvio® (Inclisiran) | Revised | Sep. 1, 2022 |
| Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors | Revised | Sep. 1, 2022 |
| Saphnelo™ (Anifrolumab-Fnia) | Updated | Sep. 1, 2022 |
| Skyrizi® (Risankizumab-Rzaa) | New | Oct. 1, 2022 |
| Spinraza® (Nusinersen) | Updated | Sep. 1, 2022 |
| Synagis® (Palivizumab) | Updated | Sep. 1, 2022 |
| Tezspire® (Tezepelumab-Ekko) | Updated | Oct. 1, 2022 |
| White Blood Cell Colony Stimulating Factors | Revised | Oct. 1, 2022 |
| Zolgensma® (Onasemnogene Abeparvovec-Xioi) | Updated | Sep. 1, 2022 |
| Zulresso® (Brexanolone) | Updated | Sep. 1, 2022 |

## Coverage Determination Guideline Updates

| Policy Title | Status | Effective Date |
|---|---|---|
| Hospice Care (for Florida Only) | Retired | Sep. 1, 2022 |

## Utilization Review Guideline Updates

| Policy Title | Status | Effective Date |
|---|---|---|
| Chemotherapy Observation or Inpatient Hospitalization (for Nebraska Only) | Updated | Sep. 1, 2022 |
| Observation Services | Replaced | Dec. 1, 2022 |
| Provider Administered Drugs – Site of Care (for Nebraska Only) | Revised | Nov. 1, 2022 |

# 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.