

# UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: March 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](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs, Knee (for Indiana Only)	Revised	Apr. 1, 2022
Electric Tumor Treatment Field Therapy (for Indiana Only)	Revised	Apr. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Indiana Only)	Revised	Apr. 1, 2022
Implanted Electrical Stimulator for Spinal Cord (for Indiana Only)	Revised	Apr. 1, 2022
Surgery of the Elbow (for Indiana Only)	Revised	Apr. 1, 2022
Surgery of the Hip (for Indiana Only)	Revised	Apr. 1, 2022
Surgery of the Knee (for Indiana Only)	Revised	Apr. 1, 2022
Surgery of the Shoulder (for Indiana Only)	Revised	Apr. 1, 2022
Temporomandibular Joint Disorders (for Indiana Only)	Revised	Apr. 1, 2022
Vagus and External Trigeminal Nerve Stimulation (for Indiana Only)	Revised	Apr. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording (for Indiana Only)	Revised	Apr. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45™ (Casimersen) (for Indiana Only)	Retired	Mar. 1, 2022
Benlysta® (Belimumab) (for Indiana Only)	Revised	Apr. 1, 2022
Complement Inhibitors (Soliris® & Ultomiris®) (for Indiana Only)	Revised	Apr. 1, 2022
Leqvio® (Inclisiran) (for Indiana Only)	New	Apr. 1, 2022
Oncology Medication Clinical Coverage (for Indiana Only)	Revised	Apr. 1, 2022
Ryplazim® (Plasminogen, Human-Tvmh) (for Indiana Only)	Revised	Apr. 1, 2022
Saphnelo™ (Anifrolumab-Fnia) (for Indiana Only)	Revised	Apr. 1, 2022
Tezspire™ (Tezepelumab) (for Indiana Only)	New	Apr. 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab) (for Indiana Only)	New	Apr. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Cosmetic and Reconstructive Procedures (for Indiana Only)	Revised	Apr. 1, 2022
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs (for Indiana Only)	Revised	Apr. 1, 2022

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Pediatric Outpatient Intensive Feeding Programs (for Indiana Only)	Retired	Mar. 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 Community Plan of Indiana 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 of Indiana Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com/Indiana](https://UHCprovider.com/Indiana) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Indiana Medical & Drug Policies and Coverage Determination Guidelines](#).