

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

## Medical Policy Updates

Policy Title	Status	Effective Date
Autologous Cellular Therapy (for Indiana Only)	Revised	Dec. 1, 2021
Chemosensitivity and Chemoresistance Assays in Cancer (for Indiana Only)	Retired	Nov. 1, 2021
Diagnostic Spinal Ultrasonography (for Indiana Only)	Revised	Dec. 1, 2021
Epiduroscopy, Epidural Lysis of Adhesions, and Discography (for Indiana Only)	Revised	Dec. 1, 2021
Genetic Testing for Neuromuscular Disorders (for Indiana Only)	Revised	Dec. 1, 2021
Hepatitis Screening (for Indiana Only)	Revised	Dec. 1, 2021
Hysterectomy (for Indiana Only)	Revised	Dec. 1, 2021
Inhaled Nitric Oxide Therapy (for Indiana Only)	Revised	Dec. 1, 2021
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (for Indiana Only)	Revised	Dec. 1, 2021
Omnibus Codes (for Indiana Only)	Revised	Dec. 1, 2021
Spinal Fusion Enhancement Products	Revised	Dec. 1, 2021

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Krystexxa® (Pegloticase)(for Indiana Only)	Retired	Nov. 1, 2021
Maximum Dosage & Frequency (for Indiana Only)	Revised	Dec. 1, 2021

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Outpatient Therapy Services (for Indiana Only)	Revised	Dec. 1, 2021
Panniculectomy and Body Contouring Procedures (for Indiana Only)	Revised	Dec. 1, 2021
Therapeutic Shoes and Inserts for Diabetes (for Indiana Only)	Retired	Nov. 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 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](#).