

# UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: October 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

### Annual ICD-10 Diagnosis Code and Quarterly CPT® and HCPCS Code Updates

All applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines have been updated to reflect the annual ICD-10 diagnosis code 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
- Centers for Medicare & Medicaid Services (CMS) International Classification of Diseases, Tenth Revision (ICD-10) Procedure Coding System (PCS) Codes
- Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II

For the list of impacted policies and corresponding details, click [here](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Genetic Testing for Hereditary Cancer (for Indiana Only)	New	Nov. 1, 2021
Helicobacter Pylori Serology Testing (for Indiana Only)	Retired	Oct. 1, 2021

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B (for Indiana Only)	Revised	Nov. 1, 2021
Denosumab (Prolia® & Xgeva®)	Revised	Nov. 1, 2021
Erythropoiesis Stimulating Agents (for Indiana Only)	Revised	Nov. 1, 2021
Ilaris® (Canakinumab) (for Indiana Only)	Revised	Nov. 1, 2021
Immunomodulators for Inflammatory Conditions (for Indiana Only)	Revised	Nov. 1, 2021
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®) (for Indiana Only)	Revised	Nov. 1, 2021
Medical Therapies for Enzyme Deficiencies (for Indiana Only)	Revised	Nov. 1, 2021
Ocrevus® (Ocrelizumab) (for Indiana Only)	Revised	Nov. 1, 2021
Oncology Medication Clinical Coverage (for Indiana Only)	Revised	Nov. 1, 2021
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®) (for Indiana Only)	Revised	Nov. 1, 2021
Ryplazim® (for Indiana Only)	New	Nov. 1, 2021
Saphnelo™ (for Indiana Only)	New	Nov. 1, 2021

Policy Title	Status	Effective Date
Sodium Hyaluronate (for Indiana Only)	Revised	Nov. 1, 2021
Xolair® (Omalizumab) (for Indiana Only)	Revised	Nov. 1, 2021

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Drug Testing (for Indiana Only)	Revised	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](#).