

UnitedHealthcare Community Plan of North Carolina **Medical Policy Update Bulletin: April 2022**

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Medical Policy Updates

Updated		
Policy Title	Effective Date	Summary of Changes
Cognitive Rehabilitation (for North Carolina Only)	Apr. 1, 2022	Coverage Rationale <ul style="list-style-type: none"> Replaced reference to “InterQual® 2021, Apr. 2021 Release, LOC: Outpatient Rehabilitation & Chiropractic, <i>Cerebrovascular Accident (CVA): Rehabilitation (Adult) and Traumatic Brain Injury (TBI): Rehabilitation (Adult)</i>” with “InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation & Chiropractic”
Retired		
Policy Title	Effective Date	Summary of Changes
Home Oxygen Therapy (for North Carolina Only)	Apr. 1, 2022	<ul style="list-style-type: none"> Policy retired; refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy for Medical Equipment, 5A-2, Respiratory Equipment and Supplies for home oxygen services
Sublingual Liquid Immunotherapy (for North Carolina Only)	Apr. 1, 2022	<ul style="list-style-type: none"> Policy retired; sublingual immunotherapy services no longer require clinical review

Coverage Determination Guideline Updates

Updated		
Policy Title	Effective Date	Summary of Changes
Outpatient Physical and Occupational Therapy (for North Carolina Only)	Apr. 1, 2022	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced reference to: <ul style="list-style-type: none"> <i>Medical Necessity Clinical Coverage Criteria</i> <ul style="list-style-type: none"> “InterQual® 2021, LOC: Outpatient Rehabilitation & Chiropractic” with “InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation & Chiropractic” <i>Visit Guidelines</i> <ul style="list-style-type: none"> “InterQual® 2021” with “InterQual® 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 North Carolina 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 North Carolina Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com/North Carolina > Medicaid \(Community Plan\) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of North Carolina Medical & Drug Policies and Coverage Determination Guidelines](https://UHCprovider.com/North%20Carolina%20>Medicaid%20(Community%20Plan)%20>Current%20Policies%20and%20Clinical%20Guidelines%20>UnitedHealthcare%20Community%20Plan%20of%20North%20Carolina%20Medical%20&%20Drug%20Policies%20and%20Coverage%20Determination%20Guidelines).