United Healthcare Community Plan

UnitedHealthcare Community Plan of Pennsylvania
Medical Policy Update Bulletin: August 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
Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for Pennsylvania Only)	Updated	Aug. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies (for Pennsylvania Only)	Updated	Aug. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Brineura® (Cerliponase Alfa)	Updated	Aug. 1, 2021
Cimzia® (Certolizumab Pegol)*	Revised	Sep. 1, 2021
Maximum Dosage and Frequency	Revised	Sep. 1, 2021
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Sep. 1, 2021
Orencia® (Abatacept) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Simponi Aria® (Golimumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Stelara® (Ustekinumab)*	Revised	Sep. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Sep. 1, 2021

*Updated Aug. 3, 2021: Corrected summary of changes; refer to the detailed version of the bulletin for complete details

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Inpatient Pediatric Feeding Programs	Retired	Aug. 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 Pennsylvania 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 Pennsylvania Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Pennsylvania > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies and Coverage Determination Guidelines.