

# UnitedHealthcare Community Plan of Pennsylvania Medical Policy Update Bulletin: January 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](#).

## Take Note

### Annual CPT® and HCPCS Code Updates

Effective Jan. 1, 2022, all applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the 2022 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (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. 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 Neuromuscular Disorders (for Pennsylvania Only)	Revised	Feb. 1, 2022
Liposuction for Lipedema (for Pennsylvania Only)	New	Apr. 1, 2022
Percutaneous Patent Foramen Ovale (PFO) Closure (for Pennsylvania Only)	New	Apr. 1, 2022
Percutaneous Vertebroplasty and Kyphoplasty (for Pennsylvania Only)	New	Apr. 1, 2022
Prostate Surgeries and Interventions (for Pennsylvania Only)	New	Apr. 1, 2022
Skin and Soft Tissue Substitutes (for Pennsylvania Only)	Revised	Mar. 1, 2022
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Pennsylvania Only)	Retired	Jan. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2022
Denosumab (Prolia® & Xgeva®)	Updated	Feb. 1, 2022
Entyvio® (Vedolizumab)	Revised	Feb. 1, 2022
Gamifant® (Emapalumab-Lzsg) (for Pennsylvania Only)	Updated	Jan. 1, 2022
Ilumya™ (Tildrakizumab-Asmn)	Revised	Feb. 1, 2022
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2022
Medical Therapies for Enzyme Deficiencies	Updated	Jan. 1, 2022
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022

Policy Title	Status	Effective Date
Stelara® (Ustekinumab)	Revised	Feb. 1, 2022
Subcutaneous Implantable Naltrexone Pellets	Updated	Jan. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Beds and Mattresses (for Pennsylvania Only)	Revised	Feb. 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 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](https://UHCprovider.com/Pennsylvania) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies and Coverage Determination Guidelines](#).