

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

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Pennsylvania Only)	Revised	Apr. 1, 2022
Articular Cartilage Defect Repairs (for Pennsylvania Only)	Revised	Apr. 1, 2022
Balloon Sinus Ostial Dilation (for Pennsylvania Only)	Revised	Apr. 1, 2022
Bariatric Surgery (for Pennsylvania Only)	Revised	Apr. 1, 2022
Breast Imaging for Screening and Diagnosing Cancer (for Pennsylvania Only)	Revised	Apr. 1, 2022
Chromosome Microarray Testing (Non-Oncology Conditions) (for Pennsylvania Only)	Updated	Apr. 1, 2022
Electrical and Ultrasound Bone Growth Stimulators (for Pennsylvania Only)	Revised	Apr. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Pennsylvania Only)	Revised	Apr. 1, 2022
Genetic Testing for Hereditary Cancer (for Pennsylvania Only)	Revised	Apr. 1, 2022
Implanted Electrical Stimulator for Spinal Cord (for Pennsylvania Only)	Revised	Apr. 1, 2022
Light and Laser Therapy (for Pennsylvania Only)	Updated	Mar. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Pennsylvania Only)	Revised	Apr. 1, 2022
Obstructive and Central Sleep Apnea Treatment (for Pennsylvania Only)	Updated	Apr. 1, 2022
Outpatient Surgical Procedures – Site of Service (for Pennsylvania Only)	Revised	Apr. 1, 2022
Pharmacogenetic Testing (for Pennsylvania Only)	Revised	Apr. 1, 2022
Plagiocephaly and Craniosynostosis Treatment (for Pennsylvania Only)	Revised	Apr. 1, 2022
Pneumatic Compression Devices (for Pennsylvania Only)	Revised	Apr. 1, 2022
Surgery of the Elbow (for Pennsylvania Only)	Revised	Apr. 1, 2022
Surgery of the Hip (for Pennsylvania Only)	Revised	Apr. 1, 2022
Surgery of the Knee (for Pennsylvania Only)	Revised	Apr. 1, 2022
Temporomandibular Joint Disorders (for Pennsylvania Only)	Revised	Apr. 1, 2022
Total Artificial Disc Replacement for the Spine (for Pennsylvania Only)	Updated	Mar. 1, 2022
Vagus and External Trigeminal Nerve Stimulation (for Pennsylvania Only)	Revised	Apr. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording (for Pennsylvania Only)	Revised	Apr. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Benlysta® (Belimumab)	Revised	Apr. 1, 2022
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Apr. 1, 2022
Leqvio® (Inclisiran)	New	Apr. 1, 2022
Oncology Medication Clinical Coverage (for Pennsylvania Only)	Updated	Apr. 1, 2022
Ryplazim® (Plasminogen, Human-Tvmh)	Revised	Apr. 1, 2022
Saphnelo™ (Anifrolumab-Fnia)	Revised	Apr. 1, 2022
Somatostatin Analogs (for Pennsylvania Only)	Revised	Apr. 1, 2022
Tezspire™ (Tezepelumab)	New	Apr. 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab)	New	Apr. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services (for Pennsylvania Only)	Updated	Mar. 1, 2022
Breast Reconstruction Post Mastectomy and Poland Syndrome (for Pennsylvania Only)	Updated	Mar. 1, 2022
Breast Reduction Surgery (for Pennsylvania Only)	Revised	Apr. 1, 2022
Breast Repair/Reconstruction Not Following Mastectomy (for Pennsylvania Only)	Updated	Mar. 1, 2022
Cosmetic and Reconstructive Procedures (for Pennsylvania Only)	Revised	Apr. 1, 2022
Panniculectomy and Body Contouring Procedures (for Pennsylvania Only)	Revised	Apr. 1, 2022
Pectus Deformity Repair (for Pennsylvania Only)	Revised	Apr. 1, 2022
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs (for Pennsylvania Only)	Updated	Apr. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Pediatric Outpatient Intensive Feeding Programs (for Pennsylvania Only)	Retired	Mar. 1, 2022
Provider Administered Drugs – Site of Care (for Pennsylvania Only)	Revised	Apr. 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 > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies and Coverage Determination Guidelines](#).