



Medical Policy Update Bulletin: August 2020

Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, & Utilization Review Guideline Updates

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

New Look for UnitedHealthcare Commercial Policies

On Aug. 1, 2020, we refreshed the look of the UnitedHealthcare Commercial Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines. Unless otherwise announced, there has been no change to policy content/guidelines as a result of the new look.

Medical Policy Updates

Policy Title	Status	Effective Date
Autologous Cellular Therapy for Certain Indications	Revised	Oct. 1, 2020
Breast Imaging for Screening and Diagnosing Cancer	Revised	Oct. 1, 2020
Catheter Ablation for Atrial Fibrillation	Revised	Oct. 1, 2020
Genetic Testing for Neuromuscular Disorders	Revised	Sep. 1, 2020
Hepatitis Screening	Revised	Sep. 1, 2020
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Revised	Sep. 1, 2020
Obstructive Sleep Apnea Treatment	Revised	Oct. 1, 2020
Omnibus Codes	Revised	Oct. 1, 2020
Spinal Ultrasonography	Revised	Sep. 1, 2020

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Oncology Medication Clinical Coverage	Revised	Oct. 1, 2020
Rituximab (Rituxan®, Ruxience®, & Truxima®)	Revised	Oct. 1, 2020

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Updated	Sep. 1, 2020
Habilitative Services and Outpatient Rehabilitation Therapy	Revised	Sep. 1, 2020
Preventive Care Services	Revised	Sep. 1, 2020

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Outpatient Surgical Procedures – Site of Service	Revised	Sep. 1, 2020
Provider Administered Drugs – Site of Care	Revised	Jul. 8, 2020
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2020

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 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).