



UnitedHealthcare Commercial Medical Policy Update Bulletin: July 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](#).

Take Note

InterQual® 2021 Clinical Criteria Release

Effective July 1, 2021, all applicable Medical Policies and Coverage Determination Guidelines have been updated to reflect the applicable InterQual® 2021 clinical criteria reference(s). For the list of impacted policies and corresponding details, click [here](#).

Quarterly CPT® and HCPCS Code Updates

Effective July 1, 2021, all applicable Medical Policies, Medical Benefit Drug Policies, and Utilization Review Guidelines have been updated to reflect the quarterly 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
Cardiac Event Monitoring	Updated	Jul. 1, 2021
Carrier Testing for Genetic Diseases	Updated	Jul. 1, 2021
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Updated	Jul. 1, 2021
Obstructive Sleep Apnea Treatment	Revised	Jul. 1, 2021
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Revised	Aug. 1, 2021
Transcatheter Heart Valve Procedures	Revised	Sep. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Denosumab (Prolia® & Xgeva®)	Revised	Oct. 1, 2021
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Jul. 1, 2021
Intravitreal Corticosteroid Implants	New	Jul. 1, 2021
Maximum Dosage and Frequency	Revised	Jul. 1, 2021
Medical Therapies for Enzyme Deficiencies	Revised	Jul. 1, 2021
Off-Label/Unproven Specialty Drug Treatment	Revised	Aug. 1, 2021
Oncology Medication Clinical Coverage	Updated	Jul. 1, 2021
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Jul. 1, 2021

Policy Title	Status	Effective Date
Reblozyl® (Luspatercept-Aamt)	Revised	Aug. 1, 2021
Xolair® (Omalizumab)	Revised	Aug. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements	Updated	Jul. 1, 2021
Preventive Care Services	Revised	Sep. 1, 2021
Speech Generating Devices	Updated	Jul. 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Provider Administered Drugs – Site of Care	Revised	Jul. 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 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](#).