



## UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: August 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	Updated	Aug. 1, 2022
Apheresis	Updated	Aug. 1, 2022
Attended Polysomnography for Evaluation of Sleep Disorders	Updated	Aug. 1, 2022
Catheter Ablation for Atrial Fibrillation	Updated	Aug. 1, 2022
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Updated	Aug. 1, 2022
Core Decompression for Avascular Necrosis	Updated	Aug. 1, 2022
Deep Brain and Cortical Stimulation	Updated	Aug. 1, 2022
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis	Revised	Oct. 1, 2022
Electrical Stimulation and Electromagnetic Therapy for Wounds	Updated	Aug. 1, 2022
Epidural Steroid Injections for Spinal Pain	Updated	Aug. 1, 2022
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	Aug. 1, 2022
Left Atrial Appendage Closure	Revised	Oct. 1, 2022
Liposuction for Lipedema	Updated	Aug. 1, 2022
Mechanical Stretching Devices	Updated	Aug. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Oct. 1, 2022
Negative Pressure Wound Therapy	Updated	Aug. 1, 2022
Noncontact Warming Therapy, Ultrasound Therapy and Fluorescence Imaging for Wounds	Revised	Oct. 1, 2022
Omnibus Codes	Revised	Oct. 1, 2022
Percutaneous Patent Foramen Ovale (PFO) Closure	Updated	Aug. 1, 2022
Percutaneous Vertebroplasty and Kyphoplasty	Updated	Aug. 1, 2022
Pharmacogenetic Testing	Revised	Oct. 1, 2022
Plagiocephaly and Craniosynostosis Treatment	Updated	Aug. 1, 2022
Proton Beam Radiation Therapy	Updated	Aug. 1, 2022
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	Updated	Aug. 1, 2022
Rhinoplasty and Other Nasal Surgeries	Revised	Oct. 1, 2022
Skin and Soft Tissue Substitutes	Revised	Oct. 1, 2022
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	Updated	Aug. 1, 2022
Surgery of the Knee	Updated	Aug. 1, 2022
Surgery of the Shoulder	Updated	Aug. 1, 2022

Policy Title	Status	Effective Date
Total Artificial Disc Replacement for the Spine	Updated	Aug. 1, 2022
Transcatheter Heart Valve Procedures	Updated	Aug. 1, 2022
Vagus and External Trigeminal Nerve Stimulation	Updated	Aug. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording	Updated	Aug. 1, 2022
Whole Exome and Whole Genome Sequencing	Updated	Aug. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Sep. 1, 2022
Deferoxamine Mesylate	Retired	Aug. 1, 2022
Immune Globulin (IVIG and SCIG)	Revised	Sep. 1, 2022
Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®)	Revised	Sep. 1, 2022
Leqvio® (Inclisiran)	Revised	Sep. 1, 2022
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Sep. 1, 2022
Respiratory Interleukins (Cinqair®, Fasenna®, & Nucala®)	Updated	Aug. 1, 2022
RNA-Targeted Therapies (Amvuttra™ and Onpattro®)	Revised	Sep. 1, 2022
Tepezza® (Teprotumumab-Trbw)	Revised	Sep. 1, 2022
Vyvgart® (Efgartigimod Alfa-Fcab)	Revised	Sep. 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 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 Individual Exchange Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans](#).