



## UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: July 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

#### Updates Delayed: Breast Reconstruction Post Mastectomy and Poland Syndrome

The Coverage Determination Guideline titled *Breast Reconstruction Post Mastectomy and Poland Syndrome* will not be updated on Jul. 1, 2022, as previously announced. Implementation of the changes associated with HCPCS codes S2066, S2067, and S2068 has been postponed until further notice.

#### Quarterly CPT® and HCPCS Code Updates

All applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination 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
Ablative Treatment for Spinal Pain	Updated	Jul. 1, 2022
Cognitive Rehabilitation	Updated	Jul. 1, 2022
Computed Tomographic Colonography	Updated	Jul. 1, 2022
Corneal Collagen Crosslinking	Retired	Jul. 1, 2022
Genetic Testing for Cardiac Disease	Updated	Jul. 1, 2022
Genetic Testing for Neuromuscular Disorders	Updated	Jul. 1, 2022
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Revised	Aug. 1, 2022
Intensity-Modulated Radiation Therapy	Revised	Aug. 1, 2022
Lung Volume Reduction Surgery	Retired	Jul. 1, 2022
Otoacoustic Emissions Testing	Retired	Jul. 1, 2022
Surgery of the Hip	Revised	Jul. 1, 2022
Total Artificial Heart and Ventricular Assist Devices	Updated	Jul. 1, 2022

### Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Gonadotropin Releasing Hormone Analogs	Revised	Aug. 1, 2022
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Aug. 1, 2022

Policy Title	Status	Effective Date
Korsuva™ (Difelikefalin)	New	Aug. 1, 2022
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Aug. 1, 2022
Off-Label/Unproven Specialty Drug Treatment	Revised	Aug. 1, 2022
Oncology Medication Clinical Coverage	Revised	Aug. 1, 2022
Tezspire™ (Tezepelumab-Ekko)	Revised	Aug. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Jul. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Hospice Care	Revised	Aug. 1, 2022
Preventive Care Services	Revised	Jul. 1, 2022
Private Duty Nursing (PDN) Services	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](#).