

# UnitedHealthcare Value & Balance Exchange Medical Policy Update Bulletin: November 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

### 2022 UnitedHealthcare Individual Exchange Plan Updates

Effective Jan. 1, 2022, the Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Individual Exchange Plans (previously referred to as “UnitedHealthcare® Value & Balance Exchange Plans”) will now apply to the states of Alabama, Florida, Georgia, Illinois, Louisiana, Michigan, and Texas. All policies have been updated to reflect the new product branding and state-specific application guidelines, as appropriate. Some exclusions apply; click [here](#) for the list of impacted policies and corresponding details.

Refer to the UnitedHealthcare news article titled [2022 UnitedHealthcare Individual Exchange plans](#) for additional information regarding the new Individual Exchange benefit plans.

## Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices	Revised	Jan. 1, 2022
Bariatric Surgery	Revised	Jan. 1, 2022
Breast Imaging for Screening and Diagnosing Cancer	Revised	Jan. 1, 2022
Chemosensitivity and Chemoresistance Assays in Cancer	Retired	Nov. 1, 2021
Gender Dysphoria Treatment	Revised	Jan. 1, 2022
Genetic Testing for Hereditary Cancer	Revised	Jan. 1, 2022
Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable	Revised	Jan. 1, 2022
Infertility Diagnosis and Treatment	Revised	Jan. 1, 2022
Neuropsychological Testing Under the Medical Benefit	Updated	Jan. 1, 2022
Omnibus Codes	Revised	Jan. 1, 2022
Pharmacogenetic Testing	Revised	Jan. 1, 2022
Surgery of the Elbow	Updated	Jan. 1, 2022
Surgery of the Shoulder	Updated	Jan. 1, 2022
Total Artificial Disc Replacement for the Spine	Updated	Nov. 1, 2021
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Revised	Jan. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	Revised	Dec. 1, 2021
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Updated	Nov. 1, 2021

Policy Title	Status	Effective Date
Maximum Dosage and Frequency	Revised	Dec. 1, 2021
Self-Administered Medications	Revised	Jan. 1, 2022
Xolair® (Omalizumab)	Revised	Dec. 1, 2021

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Nov. 1, 2021
Clinical Trials	Revised	Jan. 1, 2022
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Revised	Jan. 1, 2022
Enteral Nutrition	Updated	Jan. 1, 2022
Fertility Preservation for Iatrogenic Infertility	New	Jan. 1, 2022
Gender Dysphoria (Gender Identity Disorder) Treatment (for Washington Only)	New	Jan. 1, 2022
Habilitative Services and Outpatient Rehabilitation Therapy	Revised	Jan. 1, 2022
Hospice Care	Updated	Jan. 1, 2022
Infertility Services	Revised	Jan. 1, 2022
Power Mobility Devices	Revised	Jan. 1, 2022
Preimplantation Genetic Testing and Related Services	New	Jan. 1, 2022
Private Duty Nursing (PDN) Services	Revised	Jan. 1, 2022
Therapeutic Shoes and Inserts for Diabetes	Retired	Nov. 1, 2021

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Elective Inpatient Services	Updated	Nov. 1, 2021
Observation Services	Updated	Nov. 1, 2021
Outpatient Surgical Procedures – Site of Service	Revised	Feb. 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 Value & Balance 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® Value & Balance Exchange Plans](#).