



# UnitedHealthcare West Medical Management Guideline Update Bulletin: June 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](#).

## Medical Management Guideline Updates

Policy Title	Status	Effective Date
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Jul. 1, 2021
Cochlear Implants	Revised	Jul. 1, 2021
Cognitive Rehabilitation	Revised	Jul. 1, 2021
Cosmetic and Reconstructive Procedures	Updated	Jul. 1, 2021
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Aug. 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording	Revised	Jul. 1, 2021
Emergency and Urgently Needed Health Care Services	Revised	Jul. 1, 2021
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Updated	Jul. 1, 2021
Genetic Testing for Cardiac Disease	Revised	Jul. 1, 2021
Glaucoma Surgical Treatments	Revised	Aug. 1, 2021
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Revised	Aug. 1, 2021
Implanted Electrical Stimulator for Spinal Cord	Revised	Jul. 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Jul. 1, 2021
Macular Degeneration Treatment Procedures	Revised	Jul. 1, 2021
Obstructive Sleep Apnea Treatment	Revised	Jul. 1, 2021
Preventive Care Services	Revised	Jul. 1, 2021
Rhinoplasty and Other Nasal Surgeries	Updated	Jun. 1, 2021
Surgery of the Elbow	Revised	Jul. 1, 2021
Surgery of the Foot	New	Jul. 1, 2021
Surgery of the Knee	Revised	Jul. 1, 2021
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Jun. 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 Management Guideline Update Bulletin was developed to share important information regarding UnitedHealthcare West Medical Management 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 West Medical Management Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Medical Management Guidelines](#).