

UnitedHealthcare West Medical Management Guideline Update Bulletin: May 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

New Policy: Aduhelm™ (Aducanumab-Avwa)

Effective Jun. 1, 2022, UnitedHealthcare West will utilize the new UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Aduhelm™ (Aducanumab-Avwa)*.

Refer to the following for additional information:

- [May 2022 Medical Benefit Specialty Drug Update Bulletin](#)
- [May 2022 UnitedHealthcare Commercial Medical Policy Update Bulletin](#)

InterQual® 2022 Clinical Criteria: Apr. 2022 Release

Effective May 1, 2022, all applicable Medical Management Guidelines have been updated to reflect the InterQual® clinical criteria reference(s) associated with the Apr. 2022 Release. For the list of impacted policies and corresponding details, click [here](#).

Medical Management Guideline Updates

Policy Title	Status	Effective Date
Bariatric Surgery	Updated	May 1, 2022
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Jul. 1, 2022
Cardiovascular Disease Risk Tests	Revised	Jun.1, 2022
Cell-Free Fetal DNA Testing	Revised	Jul. 1, 2022
Clinical Practice Guidelines	Revised	May 1, 2022
Epidural Steroid Injections for Spinal Pain	Revised	Jun.1, 2022
Facet Joint and Medial Branch Block Injections for Spinal Pain	Revised	Jul. 1, 2022
Genetic Testing for Hereditary Cancer	Updated	Jun.1, 2022
Immune Globulin – Site of Care	Revised	Jul. 1, 2022
Otoacoustic Emissions Testing	Revised	Jun.1, 2022
Propranolol Treatment for Infantile Hemangiomas: Inpatient Protocol	Retired	May 1, 2022
Provider Administered Drugs – Site of Care	Revised	Jul. 1, 2022
Pulmonary Rehabilitation	Updated	Jun.1, 2022
Skin and Soft Tissue Substitutes	Revised	Jun.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 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 > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Medical Management Guidelines](#).