



UnitedHealthcare West Medical Management Guideline Update Bulletin: August 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 |
|-------------------------------------------------------------------------------------------------|---------|----------------|
| Cell-Free Fetal DNA Testing | Updated | Aug. 1, 2021 |
| Clinical Practice Guidelines | Updated | Aug. 1, 2021 |
| Epidural Steroid Injections for Spinal Pain | Updated | Oct. 1, 2021 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable | Updated | Aug. 1, 2021 |
| Implanted Spinal Drug Delivery Systems | New | Oct. 1, 2021 |
| Inpatient Pediatric Feeding Programs | Retired | Aug. 1, 2021 |
| Intensity-Modulated Radiation Therapy | Revised | Sep. 1, 2021 |
| Intrauterine Fetal Surgery | Revised | Sep. 1, 2021 |
| Liposuction for Lipedema | New | Oct. 1, 2021 |
| Obstructive and Central Sleep Apnea Treatment | Revised | Oct. 1, 2021 |
| Omnibus Codes | Revised | Oct. 1, 2021 |
| Percutaneous Neuroablation for Severe Cancer Pain and Trigeminal Neuralgia | New | Nov. 1, 2021 |
| Plagiocephaly and Craniosynostosis Treatment | Updated | Aug. 1, 2021 |
| Prolotherapy and Platelet Rich Plasma Therapies | Updated | Aug. 1, 2021 |
| Prostate Surgeries and Interventions | New | Oct. 1, 2021 |
| Sacroiliac Joint Interventions | New | Oct. 1, 2021 |
| Surgery of the Ankle | New | Nov. 1, 2021 |
| Surgery of the Foot | Revised | Sep. 1, 2021 |
| Surgery of the Hand or Wrist | New | Nov. 1, 2021 |
| Surgery of the Shoulder | Revised | Sep. 1, 2021 |
| Sympathetic Blockade | New | Nov. 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 > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Medical Management Guidelines](#).