

July 2019

policy update **bulletin**

UnitedHealthcare West Medical Management Guideline Updates

Take Note

MEDICAL MANAGEMENT GUIDELINE UPDATE BULLETIN STREAMLINED

We heard your feedback and have taken steps to simplify our monthly Medical Management Guideline Update Bulletin. To help you find the information you need, these communications will now only highlight those policies with changes to coverage guidelines, clinical criteria, and/or procedure or diagnosis codes in a new, streamlined format.

We value your comments and are committed to making improvements to our communications. Tell us what you think by [completing this survey](#).

QUARTERLY CPT® AND HCPCS CODE UPDATES

Effective Jul. 1, 2019, all applicable Medical Management Guidelines have been modified to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Impacted policies are noted with an asterisk (*) below.

Access a policy from the table below for complete details on the latest updates. A detailed summary of changes is provided at the bottom of every policy document for your reference.

Policy Title	Status	Effective Date
MEDICAL MANAGEMENT GUIDELINE		
Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis	Updated	Jul. 1, 2019
Genetic Testing for Cardiac Disease	Revised	Oct. 1, 2019
Genetic Testing for Hereditary Cancer	Updated*	Jul. 1, 2019
Genetic Testing for Neuromuscular Disorders	New	Oct. 1, 2019
Glaucoma Surgical Treatments	Revised	Aug. 1, 2019
Laser Interstitial Thermal Therapy	Updated	Aug. 1, 2019
Lower Extremity Vascular Angiography	New	Oct. 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated*	Jul. 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Sep. 1, 2019
Obstructive Sleep Apnea Treatment	Revised	Aug. 1, 2019
Preterm Labor Management	Retired	Jul. 1, 2019
Preventive Care Services	Revised*	Jul. 1, 2019
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	Sep. 1, 2019
Whole Exome and Whole Genome Sequencing	Updated*	Jul. 1, 2019

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 Policy 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 and/or documentation review requirements 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 or documentation review requirements; 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 and/or documentation review requirements

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 Medical Management Guidelines is available at UHCprovider.com > *Policies and Protocols* > *Commercial Policies* > *UnitedHealthcare West Medical Management Guidelines*.