



UnitedHealthcare Commercial Medical Policy Update Bulletin: January 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

Policy Implementation Delay

Implementation of the new Medical Policies titled [Radiation Therapy: Fractionation, Image-Guidance, and Special Services](#) and [Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery](#), previously announced for an effective date of Feb. 1, 2021, has been postponed until Apr. 1, 2021.

Annual CDT®, CPT®, and HCPCS Code Updates

All applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines have been modified to reflect the 2021 Current Dental Terminology (CDT®), Current Procedural Terminology (CPT®), and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Dental Association®. Current Dental Terminology: CDT®](#)
- [American Medical Association. Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs	Revised	Feb. 1, 2021
Cell-Free Fetal DNA Testing	Revised	Jan. 1, 2021
Epiduroscopy, Epidural Lysis of Adhesions and Discography	Updated	Feb. 1, 2021
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	New	Apr. 1, 2021
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	New	Apr. 1, 2021
Temporomandibular Joint Disorders	Revised	May 1, 2021
Vagus and External Trigeminal Nerve Stimulation	Updated	Jan. 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Ilumya™ (Tildrakizumab-Asmn)	Revised	Feb. 1, 2021
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	Revised	Feb. 1, 2021
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Updated	Jan. 1, 2021
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2021
Reblozyl® (Luspatercept-Aamt)	Updated	Jan. 1, 2021

Policy Title	Status	Effective Date
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2021
Sodium Hyaluronate	Revised	Feb. 1, 2021
Testosterone Replacement or Supplementation Therapy	Revised	Feb. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Jan. 1, 2021
Xiaflex® (Collagenase Clostridium Histolyticum)	New	Apr. 1, 2021
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Revised	Jan. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Preventive Care Services	Revised	Jan. 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Revised	Feb. 1, 2021
Outpatient Surgical Procedures – Site of Service	Revised	Feb. 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 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).