

UnitedHealthcare Community Plan of Pennsylvania Medical Policy Update Bulletin: March 2024

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 Policy Updates

| Policy Title | Status | Effective Date |
|--|---------|----------------|
| Airway Clearance Devices (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Elective Inpatient Services (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Pennsylvania Only) | Updated | Apr. 1, 2024 |
| Electroretinography (for Pennsylvania Only) | New | Apr. 1, 2024 |
| Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Pennsylvania Only) | Revised | May 1, 2024 |
| Genetic Testing for Hereditary Cancer (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Genetic Testing for Neuromuscular Disorders (for Pennsylvania Only) | Updated | Mar. 1, 2024 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Injectables for Reconstructive Procedures (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Intensity-Modulated Radiation Therapy (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Interspinous Fusion and Decompression Devices (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Light and Laser Therapy (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Liposuction for Lipedema (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Obstructive and Central Sleep Apnea Treatment (for Pennsylvania Only) | Revised | Mar. 1, 2024 |
| Omnibus Codes (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Percutaneous Patent Foramen Ovale (PFO) Closure (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Percutaneous Vertebroplasty and Kyphoplasty (for Pennsylvania Only) | Updated | Mar. 1, 2024 |
| Proton Beam Radiation Therapy (for Pennsylvania Only) | Revised | Apr. 1, 2024 |
| Transcatheter Heart Valve Procedures (for Pennsylvania Only) | Revised | May 1, 2024 |
| Transcranial Magnetic Stimulation (for Pennsylvania Only) | Updated | Mar. 1, 2024 |
| Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Pennsylvania Only) | Revised | May 1, 2024 |

Medical Benefit Drug Policy Updates

| Policy Title | Status | Effective Date |
|---|---------|----------------|
| Adzynma (ADAMTS13, Recombinant-Krh) | New | Apr. 1, 2024 |
| Complement Inhibitors (Soliris® & Ultomiris®) | Revised | Apr. 1, 2024 |
| Ryplazim® (Plasminogen, Human-Tvmh) | Revised | Apr. 1, 2024 |
| Veopoz™ (Pozelimab-Bbfg) | Updated | Apr. 1, 2024 |

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 changes to our Community Plan of Pennsylvania Medical Policies and Medical Benefit Drug Policies. 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 Medical Policies and Medical Benefit Drug Policies for UnitedHealthcare Community Plan of Pennsylvania is available at UHCprovider.com/PA > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies](#).