

UnitedHealthcare Community Plan of Mississippi Medical Policy Update Bulletin: July 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

Community Plan of Mississippi to Use National Policy Versions

Effective Jul. 1, 2022, Community Plan of Mississippi will no longer maintain state-specific Medical Policies for the following services; coverage guidelines for the state of Mississippi will now be provided in the Community Plan National policy versions listed below:

- Ablative Treatment for Spinal Pain
- Abnormal Uterine Bleeding and Uterine Fibroids
- Articular Cartilage Defect Repairs
- Computed Tomographic Colonography
- Core Decompression for Avascular Necrosis
- Discogenic Pain Treatment
- Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome
- Functional Endoscopic Sinus Surgery (FESS)
- Home Hemodialysis
- Inhaled Nitric Oxide Therapy
- Intensity-Modulated Radiation Therapy
- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions
- Motorized Spinal Traction
- Nerve Graft to Restore Erectile Function During Radical Prostatectomy
- Neurophysiologic Testing and Monitoring
- Pectus Deformity Repair
- Percutaneous Vertebroplasty and Kyphoplasty
- Plagiocephaly and Craniosynostosis Treatment
- Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs
- Sensory Integration Therapy and Auditory Integration Training
- Surgery of the Elbow
- Surgery of the Hip
- Surgery of the Knee
- Surgery of the Shoulder
- Temporomandibular Joint Disorders
- Unicondylar Spacer Devices for Treatment of Pain or Disability
- Vagus and External Trigeminal Nerve Stimulation
- Virtual Upper Gastrointestinal Endoscopy
- Whole Exome and Whole Genome Sequencing

Quarterly CPT® and HCPCS Code Updates

All applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the quarterly 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 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
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Mississippi Only)	New	Aug. 1, 2022
Negative Pressure Wound Therapy (for Mississippi Only)	Revised	Aug. 1, 2022
Pneumatic Compression Devices (for Mississippi Only)	Revised	Aug. 1, 2022

Policy Title	Status	Effective Date
Skin and Soft Tissue Substitutes (for Mississippi Only)	Revised	Aug. 1, 2022
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Mississippi Only)	Revised	Aug. 1, 2022
Transcatheter Heart Valve Procedures (for Mississippi Only)	Revised	Aug. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Enjaymo™ (Sutimlimab-Jome)	New	Aug. 1, 2022
Gonadotropin Releasing Hormone Analogs	Revised	Aug. 1, 2022
Korsuva™ (Difelikefalin)	New	Aug. 1, 2022
Leqvio® (Inclisiran)	New	Aug. 1, 2022
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Aug. 1, 2022
Off-Label/Unproven Specialty Drug Treatment	Revised	Aug. 1, 2022
Oncology Medication Clinical Coverage Policy	Revised	Aug. 1, 2022
Tezspire™ (Tezepelumab-Ekko)	New	Aug. 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab)	New	Aug. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Jul. 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 Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Community Plan of Mississippi 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 Community Plan of Mississippi Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Mississippi > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Mississippi Medical & Drug Policies and Coverage Determination Guidelines](#).