

# UnitedHealthcare Community Plan of North Carolina 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 North Carolina to Use National Policy Versions

Effective Jul. 1, 2022, Community Plan of North Carolina will no longer maintain state-specific Medical Policies, Coverage Determination Guidelines, or Utilization Review Guidelines for the following services; coverage guidelines for the state of North Carolina will now be provided in the Community Plan National policy versions listed below:

Policy Title	Policy Type
Ablative Treatment for Spinal Pain	Medical Policy
Abnormal Uterine Bleeding and Uterine Fibroids	Medical Policy
Articular Cartilage Defect Repairs, Knee	Medical Policy
Chemotherapy Observation or Inpatient Hospitalization	Utilization Review Guideline
Computed Tomographic Colonography	Medical Policy
Core Decompression for Avascular Necrosis	Medical Policy
Discogenic Pain Treatment	Medical Policy
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	Medical Policy
Inhaled Nitric Oxide Therapy	Medical Policy
Intensity-Modulated Radiation Therapy	Medical Policy
Motorized Spinal Traction	Medical Policy
Nerve Graft to Restore Erectile Function During Radical Prostatectomy	Medical Policy
Pectus Deformity Repair	Coverage Determination Guideline
Percutaneous Vertebroplasty and Kyphoplasty	Medical Policy
Sensory Integration Therapy and Auditory Integration Training	Medical Policy
Surgery of the Elbow	Medical Policy
Surgery of the Hip	Medical Policy
Surgery of the Knee	Medical Policy
Surgery of the Shoulder	Medical Policy
Unicondylar Spacer Devices for Treatment of Pain or Disability	Medical Policy
Virtual Upper Gastrointestinal Endoscopy	Medical Policy

## Medical Policy Updates

Policy Title	Status	Effective Date
Attended Polysomnography for Evaluation of Sleep Disorders (for North Carolina Only)	Revised	Sep. 1, 2022

Policy Title	Status	Effective Date
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for North Carolina Only)	Revised	Sep. 1, 2022
Corneal Collagen Crosslinking (for North Carolina Only)	Retired	Jul. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for North Carolina Only)	Revised	Sep. 1, 2022
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for North Carolina Only)	Updated	Jul. 1, 2022
Implanted Electrical Stimulator for Spinal Cord (for North Carolina Only)	Revised	Sep. 1, 2022
Lung Volume Reduction Surgery (for North Carolina Only)	Retired	Jul. 1, 2022
Obstructive and Central Sleep Apnea Treatment (for North Carolina Only)	Revised	Sep. 1, 2022
Otoacoustic Emissions Testing (for North Carolina Only)	Retired	Jul. 1, 2022
Out-of-State Services (for North Carolina Only)	Revised	Sep. 1, 2022
Vagus and External Trigeminal Nerve Stimulation (for North Carolina Only)	Updated	Jul. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services (for North Carolina Only)	Revised	Sep. 1, 2022

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Outpatient Surgical Procedures – Site of Service (for North Carolina Only)	Revised	Sep. 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 North Carolina 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 North Carolina Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com/North Carolina](https://UHCprovider.com/North_Carolina) > [Medicaid \(Community Plan\)](#) > [Current Policies and Clinical Guidelines](#) > [UnitedHealthcare Community Plan of North Carolina Medical & Drug Policies and Coverage Determination Guidelines](#).