

UnitedHealthcare Community Plan of North Carolina **Medical Policy Update Bulletin: June 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

InterQual® Release Dates Removed

Effective Jun. 1, 2022, all references to specific InterQual® release dates will be removed from the Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines which contain language pertaining to InterQual® criteria; refer to the most current version of the InterQual® criteria, when applicable.

Community Plan of North Carolina to Use National Policy Versions

Effective Jun. 1, 2022, Community Plan of North Carolina will no longer maintain state-specific Medical Policies 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:

- Apheresis
- Athletic Pubalgia Surgery
- Autologous Cellular Therapy
- Bronchial Thermoplasty
- Catheter Ablation for Atrial Fibrillation
- Chelation Therapy for Non-Overload Conditions
- Cognitive Rehabilitation
- Computer-Assisted Surgical Navigation for Musculoskeletal Procedures
- Computerized Dynamic Posturography
- Corneal Hysteresis and Intraocular Pressure Measurement
- Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis
- Diagnostic Spinal Ultrasonography
- Electric Tumor Treatment Field Therapy
- Electrical Bioimpedance for Cardiac Output Measurement
- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation
- Epiduroscopy, Epidural Lysis of Adhesions and Discography
- Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds
- Fecal Calprotectin Testing
- Gastrointestinal Motility Disorders, Diagnosis and Treatment
- Glaucoma Surgical Treatments
- Hepatitis Screening
- Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors
- Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
- Intrauterine Fetal Surgery
- Laser Interstitial Thermal Therapy
- Light and Laser Therapy
- Lithotripsy for Salivary Stones
- Lower Extremity Invasive Diagnostic and Endovascular Procedures
- Macular Degeneration Treatment Procedures
- Mechanical Stretching Devices
- Meniscus Implant and Allograft
- Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia
- Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)
- Percutaneous Patent Foramen Ovale (PFO) Closure
- Prolotherapy and Platelet Rich Plasma Therapies
- Prostate Surgeries and Interventions
- Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery
- Surgery of the Foot
- Surgery of the Hand or Wrist
- Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins
- Thermography
- Transcranial Magnetic Stimulation
- Transpupillary Thermoablation
- Umbilical Cord Blood Harvesting and Storage for Future Use
- Vertebral Body Tethering for Scoliosis
- Visual Information Processing Evaluation and Orthoptic and Vision Therapy

- Warming Therapy a/nd Ultrasound Therapy for Wounds

Medical Policy Updates

Policy Title	Status	Effective Date
Cardiovascular Disease Risk Tests (for North Carolina Only)	Updated	Aug. 1, 2022
Cell-Free Fetal DNA Testing (for North Carolina Only)	Revised	Aug. 1, 2022
Epidural Steroid Injections for Spinal Pain (for North Carolina Only)	Revised	Aug. 1, 2022
Functional Endoscopic Sinus Surgery (FESS) (for North Carolina Only)	Updated	Aug. 1, 2022
Neurophysiologic Testing and Monitoring (for North Carolina Only)	Revised	Aug. 1, 2022
Personal Care Services (for North Carolina Only)	Revised	Aug. 1, 2022
Skin and Soft Tissue Substitutes (for North Carolina Only)	Revised	Aug. 1, 2022
Transcatheter Heart Valve Procedures (for North Carolina Only)	Updated	Aug. 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 > Medicaid \(Community Plan\) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of North Carolina Medical & Drug Policies and Coverage Determination Guidelines](https://UHCprovider.com/North%20Carolina%20>Medicaid%20(Community%20Plan)%20>Current%20Policies%20and%20Clinical%20Guidelines%20>UnitedHealthcare%20Community%20Plan%20of%20North%20Carolina%20Medical%20&%20Drug%20Policies%20and%20Coverage%20Determination%20Guidelines).