

UnitedHealthcare Community Plan Medical Policy Update Bulletin: January 2023

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

Annual CPT/HCPCS Code Updates

Beginning Jan. 1, 2023, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the 2023 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](#).

Community Plan of Nebraska to Use National Policy Version

Effective Jan. 1, 2023, Community Plan of Nebraska will no longer maintain a state-specific version of the Medical Policy titled *Chemotherapy Observation or Inpatient Hospitalization (for Nebraska Only)*; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy version titled *Chemotherapy Observation or Inpatient Hospitalization*.

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids	Revised	Mar. 1, 2023
Abnormal Uterine Bleeding and Uterine Fibroids (for New Jersey Only)	Revised	Mar. 1, 2023
Airway Clearance Devices	Revised	Mar. 1, 2023
Apheresis	Updated	Mar. 1, 2023
Apheresis (for New Jersey Only)	Updated	Mar. 1, 2023
Balloon Sinus Ostial Dilation	Revised	Jan. 1, 2023
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for New Jersey Only)	Updated	Mar. 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Revised	Mar. 1, 2023
Electric Tumor Treatment Field Therapy	Revised	Mar. 1, 2023
Electric Tumor Treatment Field Therapy (for New Jersey Only)	Revised	Mar. 1, 2023
Electrical and Ultrasound Bone Growth Stimulators	Updated	Mar. 1, 2023
Electrical and Ultrasound Bone Growth Stimulators (for Nebraska Only)	Updated	Mar. 1, 2023
Electrical and Ultrasound Bone Growth Stimulators (for New Jersey Only)	Updated	Mar. 1, 2023
Epidural Steroid Injections for Spinal Pain (for Nebraska Only)	Revised	Mar. 1, 2023
Facet Joint and Medial Branch Block Injections for Spinal Pain (for Nebraska Only)	Revised	Mar. 1, 2023

Policy Title	Status	Effective Date
Facet Joint and Medial Branch Block Injections for Spinal Pain (for New Jersey Only)	Revised	Feb. 1, 2023
Gender Dysphoria Treatment	Revised	Mar. 1, 2023
Gender Dysphoria Treatment (for New Jersey Only)	Revised	Mar. 1, 2023
Genetic Testing for Hereditary Cancer	Revised	Mar. 1, 2023
Genetic Testing for Hereditary Cancer (for New Jersey Only)	Revised	Mar. 1, 2023
Genetic Testing for Neuromuscular Disorders	Revised	Mar. 1, 2023
Genetic Testing for Neuromuscular Disorders (for New Jersey Only)	Revised	Mar. 1, 2023
Hepatitis Screening	Updated	Mar. 1, 2023
Hepatitis Screening (for Nebraska Only)	Revised	Mar. 1, 2023
Home Health, Skilled and Custodial Care Services	Revised	Mar. 1, 2023
Home Health, Skilled and Custodial Care Services (for Nebraska Only)	Revised	Mar. 1, 2023
Home Health, Skilled and Custodial Care Services (for New Jersey Only)	Revised	Mar. 1, 2023
Light and Laser Therapy	Updated	Mar. 1, 2023
Light and Laser Therapy (for New Jersey Only)	Updated	Mar. 1, 2023
Lithotripsy for Salivary Stones	Updated	Mar. 1, 2023
Lithotripsy for Salivary Stones (for New Jersey Only)	Updated	Mar. 1, 2023
Lower Extremity Endovascular Procedures (for Nebraska Only)	Updated	Mar. 1, 2023
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia	Revised	Mar. 1, 2023
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia (for New Jersey Only)	Revised	Mar. 1, 2023
Obstructive and Central Sleep Apnea Treatment	Revised	Mar. 1, 2023
Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)	Revised	Mar. 1, 2023
Orthognathic (Jaw) Surgery (for Nebraska Only)	Revised	Mar. 1, 2023
Pediatric Gait Trainers and Standing Systems	Revised	Mar. 1, 2023
Pediatric Gait Trainers and Standing Systems (for Nebraska Only)	Revised	Mar. 1, 2023
Pediatric Gait Trainers and Standing Systems (for New Jersey Only)	Revised	Mar. 1, 2023
Prostate Surgeries and Interventions	Revised	Mar. 1, 2023
Prostate Surgeries and Interventions (for New Jersey Only)	Revised	Mar. 1, 2023
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	Revised	Feb. 1, 2023
Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for New Jersey Only)	Revised	Feb. 1, 2023
Spinal Fusion and Bone Healing Enhancement Products	Revised	Mar. 1, 2023
Spinal Fusion and Bone Healing Enhancement Products (for New Jersey Only)	Revised	Mar. 1, 2023
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	Updated	Feb. 1, 2023
Surgery of the Elbow	Revised	Mar. 1, 2023
Surgery of the Elbow (for New Jersey Only)	Revised	Mar. 1, 2023
Surgery of the Hip	Revised	Mar. 1, 2023
Surgery of the Hip (for New Jersey Only)	Revised	Mar. 1, 2023
Surgery of the Knee	Revised	Mar. 1, 2023
Surgery of the Knee (for New Jersey Only)	Revised	Mar. 1, 2023
Surgery of the Shoulder	Revised	Mar. 1, 2023
Surgery of the Shoulder (for New Jersey Only)	Revised	Mar. 1, 2023

Policy Title	Status	Effective Date
Total Artificial Heart and Ventricular Assist Devices	Updated	Mar. 1, 2023
Total Artificial Heart and Ventricular Assist Devices (for New Jersey Only)	Updated	Mar. 1, 2023
Ventricular Assist Devices (for Nebraska Only)	Revised	Mar. 1, 2023
Video Electroencephalographic (vEEG) Monitoring and Recording	Updated	Mar. 1, 2023
Walkers	Updated	Mar. 1, 2023
Walkers (for Nebraska Only)	Updated	Mar. 1, 2023
Walkers (for New Jersey Only)	Updated	Mar. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2023
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferic®)	Updated	Jan. 1, 2023
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2023
Leqvio® (Inclisiran)	Updated	Jan. 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Feb. 1, 2023
Oxlumo® (Lumasiran)	Updated	Jan. 1, 2023
Reblozyl® (Luspatercept-Aamt)	Revised	Feb. 1, 2023
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2023
Stelara® (Ustekinumab)	Updated	Feb. 1, 2023
Testosterone Replacement or Supplementation Therapy	Updated	Jan. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Non-Medical Transportation (for New Jersey Only)	Retired	Jan. 1, 2023
Skilled Care and Custodial Care Services	Replaced	Mar. 1, 2023
Skilled Care and Custodial Care Services (for Nebraska Only)	Replaced	Mar. 1, 2023
Skilled Care and Custodial Care Services (for New Jersey Only)	Replaced	Mar. 1, 2023

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 Community Plan Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).