United Healthcare Community Plan

UnitedHealthcare Community Plan
Medical Policy Update Bulletin: May 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
Breast Reduction Surgery	Updated	Jul. 1, 2024
Breast Reduction Surgery (for New Jersey Only)	Updated	Jul. 1, 2024
Cardiac Event Monitoring	Revised	Jul. 1, 2024
Cardiovascular Disease Risk Tests (for New Jersey Only)	Revised	Jun. 1, 2024
Chemotherapy Observation or Inpatient Hospitalization	Revised	Jul. 1, 2024
Chemotherapy Observation or Inpatient Hospitalization (for New Jersey Only)	Revised	Jul. 1, 2024
Electrical Bioimpedance for Cardiac Output Measurement	Retired	May 1, 2024
Enteral Nutrition (Oral and Tube Feeding)	Updated	May 1, 2024
Enteral Nutrition (Oral and Tube Feeding) (for New Jersey Only)	Updated	May 1, 2024
Genetic Testing for Neuromuscular Disorders (for New Jersey Only)	Revised	Jun. 1, 2024
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for New Jersey Only)	Revised	Jun. 1, 2024
Home Health, Skilled, and Custodial Care Services (for New Jersey Only)	Updated	May 1, 2024
Laser Interstitial Thermal Therapy	Retired	May 1, 2024
Laser Interstitial Thermal Therapy (for New Jersey Only)	Retired	May 1, 2024
Mobility Devices, Options, and Accessories	Updated	May 1, 2024
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Jul. 1, 2024
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Nebraska Only)	Updated	Jul. 1, 2024
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for New Jersey Only)	Revised	Jul. 1, 2024
Omnibus Codes	Revised	Jul. 1, 2024
Omnibus Codes (for Nebraska Only)	Revised	Jul. 1, 2024
Omnibus Codes (for New Jersey Only)	Revised	Jul. 1, 2024
Orthognathic (Jaw) Surgery	Revised	Jul. 1, 2024
Orthognathic (Jaw) Surgery (for Nebraska Only)	Revised	Jul. 1, 2024
Orthognathic (Jaw) Surgery (for New Jersey Only)	Revised	Jul. 1, 2024
Pediatric Gait Trainers and Standing Systems (for Nebraska Only)	Revised	Jul. 1, 2024
Preimplantation Genetic Testing and Related Services	Revised	Jul. 1, 2024
Preimplantation Genetic Testing and Related Services (for Nebraska Only)	Revised	Jul. 1, 2024
Preimplantation Genetic Testing and Related Services (for New Jersey Only)	Revised	Jul. 1, 2024

Policy Title	Status	Effective Date
Prostate Surgeries and Interventions	Revised	Jul. 1, 2024
Prostate Surgeries and Interventions (for New Jersey Only)	Revised	Jul. 1, 2024
Rhinoplasty and Other Nasal Procedures	Revised	Jul. 1, 2024
Rhinoplasty and Other Nasal Procedures (for Nebraska Only)	Revised	Jul. 1, 2024
Rhinoplasty and Other Nasal Procedures (for New Jersey Only)	Revised	Jul. 1, 2024
Skin and Soft Tissue Substitutes (for New Jersey Only)	Revised	Jun. 1, 2024
Speech Generating Devices	Updated	May 1, 2024
Transanal Minimally Invasive Surgical Procedures (for New Jersey Only)	Revised	Jun. 1, 2024
Walkers	Revised	Jul. 1, 2024
Walkers (for Nebraska Only)	Revised	Jul. 1, 2024
Walkers (for New Jersey Only)	Revised	Jul. 1, 2024

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Speech Language Pathology Services (for New Jersey Only)	Replaced	Jun. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adzynma (ADAMTS13, Recombinant-Krhn)	Updated	May 1, 2024
Cosentyx® (Secukinumab)	New	Jun. 1, 2024
Entyvio® (Vedolizumab)	Revised	Jun. 1, 2024
Erythropoiesis-Stimulating Agents	Updated	Jun. 1, 2024
Evenity® (Romosozumab-Aqqg)	Updated	Jun. 1, 2024
Ilumya® (Tildrakizumab-Asmn)	Revised	Jun. 1, 2024
Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®)	Updated	Jun. 1, 2024
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Jun. 1, 2024
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Jun. 1, 2024
Ketalar® (Ketamine) and Spravato® (Esketamine) (for New Jersey Only)	Revised	Jun. 1, 2024
Maximum Dosage and Frequency	Revised	Jun. 1, 2024
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Revised	Jun. 1, 2024
Oncology Medication Clinical Coverage	Revised	Jun. 1, 2024
Oxlumo® (Lumasiran) and Rivfloza™ (Nedosiran)	Revised	Jun. 1, 2024
Qalsody® (Tofersen)	Revised	Jun. 1, 2024
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Updated	May 1, 2024
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®)	Revised	Jun. 1, 2024
Ryplazim® (Plasminogen, Human-Tvmh)	Updated	Jun. 1, 2024
Saphnelo® (Anifrolumab-Fnia)	Updated	Jun. 1, 2024
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Updated	May 1, 2024
Tezspire® (Tezepelumab-Ekko)	Updated	Jun. 1, 2024
Uplizna® (Inebilizumab-Cdon)	Revised	Jun. 1, 2024
Veopoz™ (Pozelimab-Bbfg)	Revised	Jun. 1, 2024
Viltepso® (Viltolarsen)	Revised	Jun. 1, 2024

Policy Title	Status	Effective Date
Viltepso® (Viltolarsen) (for New Jersey Only)	Revised	Jun. 1, 2024
Vyepti® (Eptinezumab-Jjmr)	Revised	Jun. 1, 2024
~~Xolair® (Omalizumab)~~ **Updated May 13, 2024**: Implementation of revisions to this policy has been postponed until further notice.	~~Revised~~	~~Jun. 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 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 UnitedHealthcare Community Plan Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Medical & Drug Policies.