

# UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: August 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](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Indiana Only)	Revised	Sep. 1, 2023
Articular Cartilage Defect Repairs (for Indiana Only)	Revised	Sep. 1, 2023
Balloon Sinus Ostial Dilation (for Indiana Only)	Retired	Aug. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for Indiana Only)	Updated	Oct. 1, 2023
Cochlear Implants (for Indiana Only)	Retired	Aug. 1, 2023
Cosmetic and Reconstructive Procedures (for Indiana Only)	Retired	Aug. 1, 2023
Drug Testing (for Indiana Only)	Updated	Sep. 1, 2023
Functional Endoscopic Sinus Surgery (FESS) (for Indiana Only)	Retired	Aug. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Indiana Only)	Revised	Oct. 1, 2023
Genetic Testing for Hereditary Cancer (for Indiana Only)	Retired	Aug. 1, 2023
Glaucoma Surgical Treatments (for Indiana Only)	Revised	Oct. 1, 2023
Meniscus Implant and Allograft (for Indiana Only)	Revised	Sep. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Indiana Only)	Updated	Sep. 1, 2023
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Indiana Only)	Updated	Sep. 1, 2023
Spinal Fusion and Decompression (for Indiana Only)	Revised	Oct. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Intravitreal Corticosteroid Implants (for Indiana Only)	Updated	Aug. 1, 2023
Rebyota™ (Fecal Microbiota, Live-Jslm) (for Indiana Only)	New	Sep. 1, 2023
Scenesse® (Afamelanotide) (for Indiana Only)	Revised	Sep. 1, 2023
Uplizna® (Inebilizumab-Cdon) (for Indiana Only)	Revised	Sep. 1, 2023

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Transportation Services (for Indiana Only)	Retired	Aug. 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 Community Plan of Indiana Medical Policy, Medical Benefit Drug Policy, and Coverage Determination 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 Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines for UnitedHealthcare Community Plan of Indiana is available at [UHCprovider.com/IN](https://UHCprovider.com/IN) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Indiana Medical & Drug Policies and Coverage Determination Guidelines](#).