

UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: March 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

Quarterly CPT® and HCPCS Code Updates

Beginning Apr. 1, 2023, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be updated to reflect the quarterly 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](#)

Complete details on impacted policies and corresponding code edits will be provided in the April 2023 edition of the Medical Policy Update Bulletin.

Tziel™ (Teplizumab-Mzwv) (for Indiana Only): Implementation Cancelled

The Medical Benefit Drug Policy titled *Tziel™ (Teplizumab-Mzwv) (for Indiana Only)* will not be implemented on Mar. 1, 2023, as previously announced; refer to state’s Medicaid clinical policy for applicable coverage guidelines.

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for Indiana Only)	Revised	Apr. 1, 2023
Airway Clearance Devices (for Indiana Only)	Revised	Apr. 1, 2023
Apheresis (for Indiana Only)	Revised	Apr. 1, 2023
Articular Cartilage Defect Repairs (for Indiana Only)	Revised	Apr. 1, 2023
Deep Brain and Cortical Stimulation (for Indiana Only)	Updated	May 1, 2023
Discogenic Pain Treatment (for Indiana Only)	Revised	Apr. 1, 2023
Elective Inpatient Services (for Indiana Only)	Updated	May 1, 2023
Electric Tumor Treatment Field Therapy (for Indiana Only)	Revised	Apr. 1, 2023
Electrical Stimulation and Electromagnetic Therapy for Wounds (for Indiana Only)	Revised	Apr. 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Indiana Only)	Revised	Apr. 1, 2023
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Indiana Only)	Revised	May 1, 2023
Hysterectomy (for Indiana Only)	Updated	May 1, 2023
Implanted Electrical Stimulator for Spinal Cord (for Indiana Only)	Updated	May 1, 2023
Mechanical Stretching Devices (for Indiana Only)	Updated	May 1, 2023
Obstructive and Central Sleep Apnea Treatment (for Indiana Only)	Revised	Apr. 1, 2023

Policy Title	Status	Effective Date
Omnibus Codes (for Indiana Only)	Revised	Apr. 1, 2023
Pediatric Gait Trainers and Standing Systems (for Indiana Only)	Revised	Mar. 1, 2023
Pneumatic Compression Devices (for Indiana Only)	Revised	Apr. 1, 2023
Prostate Surgeries and Interventions (for Indiana Only)	Revised	Mar. 1, 2023
Prostate Surgeries and Interventions (for Indiana Only)	Revised	Apr. 1, 2023
Proton Beam Radiation Therapy (for Indiana Only)	Updated	May 1, 2023
Total Artificial Disc Replacement for the Spine (for Indiana Only)	Updated	May 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease (for Indiana Only)	Updated	Mar. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs (for Indiana Only)	Revised	Apr. 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, 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan of Indiana is available at UHCprovider.com/IN > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Indiana Medical & Drug Policies and Coverage Determination Guidelines](#).