

UnitedHealthcare Community Plan of Kentucky Medical Policy Update Bulletin: April 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

Effective **Apr. 1, 2023**, all applicable Medical Policies and Medical Benefit Drug Policies have been 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](#)

For the list of impacted policies and corresponding details, click [here](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Kentucky Only)	Updated	Apr. 1, 2023
Articular Cartilage Defect Repairs (for Kentucky Only)	Revised	May 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Kentucky Only)	Revised	May 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for Kentucky Only)	Revised	Jun. 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Kentucky Only)	Revised	Jun. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for Kentucky Only)	Revised	Jun. 1, 2023
Hearing Instruments and Devices Including Wearable Bone-Anchored and Semi-Implantable (for Kentucky Only)	Revised	May 1, 2023
Hysterectomy (for Kentucky Only)	Revised	May 1, 2023
Liposuction for Lipedema (for Kentucky Only)	Updated	Jun. 1, 2023
Mobility Devices, Options and Accessories (for Kentucky Only)	Revised	Jun. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Kentucky Only)	Revised	May 1, 2023
Omnibus Codes (for Kentucky Only)	Revised	Jun. 1, 2023
Pneumatic Compression Devices (for Kentucky Only)	Revised	Jun. 1, 2023
Transcatheter Heart Valve Procedures (for Kentucky Only)	Revised	Jun. 1, 2023
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Kentucky Only)	Updated	Apr. 1, 2023
Whole Exome and Whole Genome Sequencing (for Kentucky Only)	Revised	Jun. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45 [®] (Casimersen)	Updated	May 1, 2023
Botulinum Toxins A and B	Updated	May 1, 2023
Entyvio [®] (Vedolizumab)	Revised	May 1, 2023
Exondys 51 [®] (Eteplirsen)	Revised	May 1, 2023
Hemgenix [®] (Etranacogene Dezaparvovec-Drlb)	Revised	May 1, 2023
Ilumya [™] (Tildrakizumab-Asmn)	Revised	May 1, 2023
Lemtrada [®] (Alemtuzumab)	Revised	May 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	May 1, 2023
Maximum Dosage and Frequency	Revised	May 1, 2023
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	New	May 1, 2023
Orencia [®] (Abatacept) Injection for Intravenous Infusion	Revised	May 1, 2023
Repository Corticotropin Injections	Revised	May 1, 2023
Tysabri [®] (Natalizumab)	Revised	May 1, 2023
Tzield [™] (Teplizumab-Mzwv)	Revised	May 1, 2023
Vyondys 53 [®] (Golodirsen)	Revised	May 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Power Mobility Devices (for Kentucky Only)	Replaced	Jun. 1, 2023
Transcutaneous Electrical Nerve/Joint Stimulators (for Kentucky Only)	Replaced	Apr. 1, 2023
Wheelchair Options and Accessories (for Kentucky Only)	Replaced	Jun. 1, 2023
Wheelchair Seating (for Kentucky Only)	Replaced	Jun. 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 Kentucky 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 Kentucky is available at UHCprovider.com/KY > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Kentucky Medical & Drug Policies and Coverage Determination Guidelines](#).