United Healthcare Community Plan

UnitedHealthcare Community Plan of Kentucky
Medical Policy Update Bulletin: February 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
Apheresis (for Kentucky Only)	Revised	Mar. 1, 2023
Bariatric Surgery (for Kentucky Only)	Revised	Apr. 1, 2023
Genetic Testing for Hereditary Cancer (for Kentucky Only)	Revised	Mar. 1, 2023
Hepatitis Screening (for Kentucky Only)	Updated	Mar. 1, 2023
Negative Pressure Wound Therapy (for Kentucky Only)	Revised	Apr. 1, 2023
Neurophysiologic Testing and Monitoring (for Kentucky Only)	Revised	Apr. 1, 2023
Pharmacogenetic Panel Testing (for Kentucky Only)	Revised	Apr. 1, 2023
Plagiocephaly and Craniosynostosis Treatment (for Kentucky Only)	Updated	Apr. 1, 2023
Skin and Soft Tissue Substitutes (for Kentucky Only)	Revised	Apr. 1, 2023
Temporomandibular Joint Disorders (for Kentucky Only)	Revised	Apr. 1, 2023
Total Artificial Disc Replacement for the Spine (for Kentucky Only)	Revised	Mar. 1, 2023
Vagus and External Trigeminal Nerve Stimulation (for Kentucky Only)	Revised	Apr. 1, 2023
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Kentucky Only)	Updated	Apr. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	New	Mar. 1, 2023
Infliximab (Avsola® , Inflectra®, Remicade®, & Renflexis®)	Revised	Mar. 1, 2023
Leqvio® (Inclisiran)	Revised	Mar. 1, 2023
Maximum Dosage and Frequency	Revised	Mar. 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Apr. 1, 2023
Review at Launch for New to Market Medications	Revised	Mar. 1, 2023
RNA-Targeted Therapies (Amvuttra™ and Onpattro®)	Revised	Mar. 1, 2023
Spevigo® (Spesolimab-Sbzo)	New	Mar. 1, 2023
Tzield™ (Teplizumab-Mzwv)	New	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 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 UnitedHealthcare Community Plan of Kentucky Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Kentucky > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of Kentucky Medical & Drug Policies and Coverage Determination Guidelines.