



UnitedHealthcare West Medical Management Guideline 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 Management Guideline Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain	Revised	Apr. 1, 2023
Apheresis	Revised	Mar. 1, 2023
Articular Cartilage Defect Repairs	Revised	Apr. 1, 2023
Category III Codes	New	Apr. 1, 2023
Discogenic Pain Treatment	Revised	Apr. 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Apr. 1, 2023
Habilitation and Rehabilitation (Occupational, Physical and Speech Therapy)	Revised	Apr. 1, 2023
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Revised	Apr. 1, 2023
Hysterectomy	Revised	Apr. 1, 2023
Interspinous Fusion and Decompression Devices	Revised	Apr. 1, 2023
Liposuction for Lipedema	Revised	Apr. 1, 2023
Minimally Invasive Spine Surgery Procedures	Revised	Apr. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Apr. 1, 2023
Pneumatic Compression Devices	Revised	Apr. 1, 2023
Pulmonary Rehabilitation	Retired	Apr. 1, 2023
Spinal Fusion and Decompression	Revised	Apr. 1, 2023
Surgical Treatment for Spine Pain	Replaced	Apr. 1, 2023
Transcatheter Heart Valve Procedures	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 Management Guideline Update Bulletin was developed to share important information regarding UnitedHealthcare West Medical Management 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 West Medical Management Guidelines is available at UHCprovider.com > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Medical Management Guidelines](#).