

UnitedHealthcare Community Plan 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](#).

Community Plan of Nebraska to Use National Policy Version

Effective Apr. 1, 2023, Community Plan of Nebraska will no longer maintain a state-specific version of the Medical Policy titled *Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Nebraska Only)*; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy version titled *Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)*.

Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs (for New Jersey Only)	Revised	May 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Revised	Jun. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for New Jersey Only)	Revised	Jun. 1, 2023
Elective Inpatient Services (for New Jersey Only)	Updated	May 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Jun. 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for New Jersey Only)	Revised	Jun. 1, 2023
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea	Updated	Jun. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech)	Revised	Jun. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for Florida Only)	Revised	Jun. 1, 2023
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for New Jersey Only)	Updated	May 1, 2023
Intensity-Modulated Radiation Therapy	Updated	Jun. 1, 2023
Intensity-Modulated Radiation Therapy (for New Jersey Only)	Updated	Jun. 1, 2023

Policy Title	Status	Effective Date
Liposuction for Lipedema	Updated	Jun. 1, 2023
Mobility Devices, Options and Accessories	Revised	Jun. 1, 2023
Mobility Devices, Options and Accessories (for Nebraska Only)	Revised	Jun. 1, 2023
Mobility Devices, Options and Accessories (for New Jersey Only)	Revised	Jun. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for New Jersey Only)	Revised	May 1, 2023
Omnibus Codes	Revised	Jun. 1, 2023
Omnibus Codes (for New Jersey Only)	Revised	Jun. 1, 2023
Outpatient Surgical Procedures – Site of Service (for New Jersey Only)	Updated	May 1, 2023
Pneumatic Compression Devices	Revised	Jun. 1, 2023
Pneumatic Compression Devices (for New Jersey Only)	Revised	Jun. 1, 2023
Proton Beam Radiation Therapy (for New Jersey Only)	Updated	May 1, 2023
Transcatheter Heart Valve Procedures	Revised	Jun. 1, 2023
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Updated	Apr. 1, 2023
Whole Exome and Whole Genome Sequencing	Revised	Jun. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca)	Updated	Apr. 1, 2023
Amondys 45® (Casimersen)	Updated	May 1, 2023
Botulinum Toxins A and B	Updated	May 1, 2023
Buprenorphine (Probuphine® & Sublocade®)	Revised	May 1, 2023
Denied Drug Codes – Pharmacy Benefit Drugs	Updated	Apr. 1, 2023
Entyvio® (Vedolizumab)	Revised	May 1, 2023
Exondys 51® (Eteplirsen)	Revised	May 1, 2023
Exondys 51® (Eteplirsen) (for New Jersey Only)	Revised	May 1, 2023
Givlaari® (Givosiran)	Updated	Apr. 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
Radicava® (Edaravone)	Updated	Apr. 1, 2023
Repository Corticotropin Injections	Revised	May 1, 2023
Spinraza® (Nusinersen)	Updated	Apr. 1, 2023
Tysabri® (Natalizumab)	Revised	May 1, 2023
Tzield™ (Teplizumab-Mzwv)	Revised	May 1, 2023
Vyondys 53® (Golodirsen)	Revised	May 1, 2023
Vyondys 53® (Golodirsen) (for New Jersey Only)	Revised	May 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Power Mobility Devices	Replaced	Jun. 1, 2023
Power Mobility Devices (for Nebraska Only)	Replaced	Jun. 1, 2023
Speech Language Pathology Services	Replaced	Jun. 1, 2023
Transcutaneous Electrical Nerve/Joint Stimulators	Replaced	Apr. 1, 2023
Transcutaneous Electrical Nerve/Joint Stimulators (for Nebraska Only)	Replaced	Apr. 1, 2023
Wheelchair Options and Accessories	Replaced	Jun. 1, 2023
Wheelchair Options and Accessories (for Nebraska Only)	Replaced	Jun. 1, 2023
Wheelchair Seating	Replaced	Jun. 1, 2023
Wheelchair Seating (for Nebraska 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 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).