

# UnitedHealthcare Community Plan of North Carolina Medical Policy Update Bulletin Quick View: August 2024



A list of recently approved, revised, and/or retired Medical Policies is provided below for your reference. For a comprehensive summary of the latest updates, refer to the [Medical Policy Update Bulletin: August 2024](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Chromosome Microarray Testing (Non-Oncology Conditions) (for North Carolina Only)	Revised	Oct. 1, 2024
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for North Carolina Only)	Updated	Oct. 1, 2024
Cosmetic and Reconstructive Procedures (for North Carolina Only)	Updated	Oct. 1, 2024
Epidural Steroid Injections for Spinal Pain (for North Carolina Only)	Revised	Oct. 1, 2024
Glaucoma Surgical Treatments	Revised	Oct. 1, 2024
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for North Carolina Only)	Revised	Oct. 1, 2024
Hepatitis Screening	Retired	Aug. 1, 2024
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Retired	Aug. 1, 2024
Macular Degeneration Treatment Procedures (for North Carolina Only)	Updated	Oct. 1, 2024
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for North Carolina Only)	Revised	Oct. 1, 2024
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Updated	Oct. 1, 2024
Prostate Surgeries and Interventions (for North Carolina Only)	Updated	Oct. 1, 2024
Surgery of the Knee	Revised	Oct. 1, 2024
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for North Carolina Only)	Revised	Sep. 1, 2024
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver	Revised	Oct. 1, 2024

## 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 changes to our Community Plan of North Carolina Medical Policies. 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 for UnitedHealthcare Community Plan of North Carolina is available at [UHCprovider.com/NC](https://www.uhcprovider.com/NC) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [Medical Policies](#).