



# UnitedHealthcare Commercial Medical Policy Update Bulletin: January 2022

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

### Emergency Health Care Services and Urgent Care Center Services Coverage Determination Guideline

In the December 2021 edition of the Medical Policy Update Bulletin, we announced revisions to the Coverage Determination Guideline (CDG) titled *Emergency Health Care Services and Urgent Care Center Services*. The revisions were not announcing any new coverage criteria for emergency level care. They were intended to incorporate language from recent federal guidance on the definition of prudent layperson and clarify certain terms in our benefit coverage documents. To clarify that we are not implementing new coverage criteria for emergency level care, we have updated the CDG to remove the language added in the December 2021 update as well as other related language regarding coverage criteria for emergency services.

For complete details, refer to the Coverage Determination Guideline titled [Emergency Health Care Services and Urgent Care Center Services](#).

### Annual CPT® and HCPCS Code Updates

Effective Jan. 1, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines have been updated to reflect the 2022 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
<a href="#">Ablative Treatment for Spinal Pain</a>	Revised	Mar. 1, 2022
<a href="#">Bariatric Surgery</a>	Revised	Mar. 1, 2022
<a href="#">Discogenic Pain Treatment</a>	Revised	Mar. 1, 2022
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation</a>	Revised	Mar. 1, 2022
<a href="#">Implanted Electrical Stimulator for Spinal Cord</a>	Revised	Mar. 1, 2022
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis and Treatment Decisions</a>	Revised	Feb. 1, 2022
<a href="#">Skin and Soft Tissue Substitutes</a>	Revised	Jan. 1, 2022
<a href="#">Surgery of the Hip</a>	Revised	Mar. 1, 2022
<a href="#">Surgery of the Knee</a>	Revised	Feb. 1, 2022
<a href="#">Surgery of the Shoulder</a>	Revised	Mar. 1, 2022
<a href="#">Surgical Treatment for Spine Pain</a>	Revised	Mar. 1, 2022
<a href="#">Temporomandibular Joint Disorders</a>	Revised	Mar. 1, 2022

Policy Title	Status	Effective Date
Video Electroencephalographic (vEEG) Monitoring and Recording	Revised	Feb. 1, 2022
Vitamin D Testing	New	Mar. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Antiemetics for Oncology	Updated	Jan. 1, 2022
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2022
Ilumya™ (Tildrakizumab-Asmn)	Revised	Feb. 1, 2022
Oncology Medication Clinical Coverage	Updated	Jan. 1, 2022
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Feb. 1, 2022
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Stelara® (Ustekinumab)	Revised	Feb. 1, 2022
Xiaflex® (Collagenase Clostridium Histolyticum)	Revised	Feb. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services	Updated	Jan. 1, 2022
Beds and Mattresses	Updated	Feb. 1, 2022
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Updated	Jan. 1, 2022
Habilitative Services and Outpatient Rehabilitation Therapy	Updated	Jan. 1, 2022
Infertility Services	Updated	Jan. 1, 2022
Preimplantation Genetic Testing (PGT) and Related Services	Updated	Jan. 1, 2022
Speech Generating Devices	Updated	Jan. 1, 2022

## 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).