United Healthcare Community Plan

UnitedHealthcare Community Plan
Medical Policy Update Bulletin: February 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.

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain	Revised	Apr. 1, 2022
Articular Cartilage Defect Repairs	Updated	Feb. 1, 2022
Articular Cartilage Defect Repairs	Revised	Apr. 1, 2022
Articular Cartilage Defect Repairs (for Nebraska Only)	Updated	Feb. 1, 2022
Autologous Cellular Therapy (for Nebraska Only)	Updated	Apr. 1, 2022
Catheter Ablation for Atrial Fibrillation	Updated	Feb. 1, 2022
Catheter Ablation for Atrial Fibrillation (for Nebraska Only)	Updated	Feb. 1, 2022
Catheter Ablation for Atrial Fibrillation (for New Jersey Only)	Updated	Feb. 1, 2022
Discogenic Pain Treatment	Revised	Apr. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Apr. 1, 2022
Epidural Steroid Injections for Spinal Pain	Revised	Apr. 1, 2022
Epiduroscopy, Epidural Lysis of Adhesions and Discography (for Nebraska Only)	Revised	Apr. 1, 2022
Hepatitis Screening (for Nebraska Only)	Revised	Apr. 1, 2022
Implanted Electrical Stimulator for Spinal Cord	Revised	Apr. 1, 2022
Intrauterine Fetal Surgery (for New Jersey Only)	Revised	Mar. 1, 2022
Knee Replacement Surgery (Arthroplasty), Total and Partial (for New Jersey Only)	Updated	Feb. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Apr. 1, 2022
Neuropsychological Testing Under the Medical Benefit (for Nebraska Only)	Updated	Feb. 1, 2022
Pneumatic Compression Devices	Revised	Apr. 1, 2022
Proton Beam Radiation Therapy (for New Jersey Only)	Revised	Mar. 1, 2022
Surgery of the Elbow	Revised	Apr. 1, 2022
Surgery of the Hip	Revised	Apr. 1, 2022
Surgery of the Knee	Updated	Feb. 1, 2022
Surgery of the Knee	Revised	Apr. 1, 2022
Surgery of the Knee (for Nebraska Only)	Updated	Feb. 1, 2022
Surgery of the Knee (for Nebraska Only)	Revised	Apr. 1, 2022
Surgery of the Shoulder	Updated	Feb. 1, 2022
Surgery of the Shoulder	Revised	Apr. 1, 2022
Surgery of the Shoulder (for Nebraska Only)	Updated	Feb. 1, 2022

Policy Title	Status	Effective Date
Surgery of the Shoulder (for Nebraska Only)	Revised	Apr. 1, 2022
Surgery of the Shoulder (for New Jersey Only)	Updated	Feb. 1, 2022
Surgical Treatment for Spine Pain	Updated	Feb. 1, 2022
Surgical Treatment for Spine Pain	Revised	Apr. 1, 2022
Surgical Treatment for Spine Pain (for Nebraska Only)	Revised	Feb. 1, 2022
Surgical Treatment for Spine Pain (for New Jersey Only)	Updated	Feb. 1, 2022
Temporomandibular Joint Disorders	Revised	Apr. 1, 2022
Total Artificial Disc Replacement for the Spine	Updated	Feb. 1, 2022
Total Artificial Disc Replacement for the Spine (for Nebraska Only)	Updated	Feb. 1, 2022
Vagus and External Trigeminal Nerve Stimulation	Revised	Apr. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Video Recording	Revised	Apr. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Alpha$_1$-Proteinase Inhibitors	Updated	Feb. 1, 2022
Repository Corticotropin Injection (Acthar® Gel)	Updated	Feb. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Rhinoplasty and Other Nasal Surgeries (for Nebraska Only)	Updated	Apr. 1, 2022
Speech Generating Devices (for New Jersey Only)	Revised	Mar. 1, 2022
Transcutaneous Electrical Nerve/Joint Stimulators (for Nebraska Only)	Revised	Feb. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Observation Services (for Nebraska Only)	Updated	Apr. 1, 2022
Provider Administered Drugs – Site of Care	Revised	Apr. 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 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.