



UnitedHealthcare Commercial Medical Policy Update Bulletin: February 2021

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
Abnormal Uterine Bleeding and Uterine Fibroids	Revised	May 1, 2021
Articular Cartilage Defect Repairs	Revised	Feb. 1, 2021
Articular Cartilage Defect Repairs	Revised	May 1, 2021
Attended Polysomnography for Evaluation of Sleep Disorders	Revised	May 1, 2021
Cardiac Event Monitoring	Revised	May 1, 2021
Catheter Ablation for Atrial Fibrillation	Revised	May 1, 2021
Cognitive Rehabilitation	Revised	May 1, 2021
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Revised	May 1, 2021
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Updated	May 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording	Revised	May 1, 2021
Epidural Steroid Injections for Spinal Pain	Revised	May 1, 2021
Facet Joint Injections for Spinal Pain	Revised	May 1, 2021
Femoroacetabular Impingement Syndrome	Replaced	May 1, 2021
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea	Revised	Mar. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Updated	Mar. 1, 2021
Implanted Electrical Stimulator for Spinal Cord	Revised	May 1, 2021
Lung Volume Reduction Surgery	New	May 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	May 1, 2021
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia	Revised	May 1, 2021
Obstructive Sleep Apnea Treatment	Revised	May 1, 2021
Omnibus Codes	Revised	Feb. 1, 2021
Omnibus Codes	Revised	May 1, 2021
Plagiocephaly and Craniosynostosis Treatment	Revised	May 1, 2021
Pneumatic Compression Devices	Revised	May 1, 2021
Prostate Surgery	New	May 1, 2021
Surgery of the Hip	Revised	May 1, 2021
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	May 1, 2021
Surgical Treatment for Spine Pain	Revised	May 1, 2021
Total Artificial Heart and Ventricular Assist Devices	Updated	May 1, 2021

Policy Title	Status	Effective Date
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Revised	May 1, 2021

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Updated	Feb. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®)	Updated	Feb. 1, 2021
Erythropoiesis-Stimulating Agents	Updated	Feb. 1, 2021
Immune Globulin (IVIG and SCIG)	Updated	Feb. 1, 2021
Oxlumo™ (Lumasiran)	New	Feb. 1, 2021
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Updated	Feb. 1, 2021
Rituximab (Rituxan®, Ruxience®, & Truxima®)	Updated	Feb. 1, 2021
Uplizna® (Inebilizumab-Cdon)	Updated	Feb. 1, 2021
Vyepti™ (Eptinezumab-Jjmr)	Updated	Feb. 1, 2021
White Blood Cell Colony Stimulating Factors	Updated	Feb. 1, 2021
Xolair® (Omalizumab)	Revised	Mar. 1, 2021

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Beds and Mattresses	New	May 1, 2021
Cosmetic and Reconstructive Procedures	Revised	May 1, 2021
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Revised	May 1, 2021
Home Oxygen	New	May 1, 2021
Manual Wheelchairs	New	May 1, 2021
Orthognathic (Jaw) Surgery	Revised	May 1, 2021
Patient Lifts	New	May 1, 2021
Pectus Deformity Repair	Revised	May 1, 2021
Pediatric Gait Trainers, Standing Systems and Walkers	New	May 1, 2021
Power Mobility Devices	New	May 1, 2021
Rhinoplasty and Other Nasal Surgeries	Revised	May 1, 2021
Speech Generating Devices	New	May 1, 2021
Therapeutic Shoes and Inserts for Diabetics	New	May 1, 2021
Transcutaneous Electrical Nerve/Joint Stimulators	New	May 1, 2021
Wheelchair Options and Accessories	New	May 1, 2021
Wheelchair Seating	New	May 1, 2021

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Chemotherapy Observation or Inpatient Hospitalization	Revised	May 1, 2021
Inpatient Pediatric Feeding Programs	Revised	May 1, 2021
Pediatric Outpatient Intensive Feeding Programs	New	May 1, 2021

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 > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).