

# UnitedHealthcare Community Plan of Pennsylvania Medical Policy Update Bulletin: September 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

### Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning Oct. 1, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be updated to reflect the annual ICD-10 and quarterly CPT/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 \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Clinical Modification \(CM\) \(Diagnosis\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2022 edition of the Medical Policy Update Bulletin.

## Medical Policy Updates

Policy Title	Status	Effective Date
Athletic Pubalgia Surgery (for Pennsylvania Only)	Updated	Nov. 1, 2022
Beds and Mattresses (for Pennsylvania Only)	Revised	Nov. 1, 2022
Breast Reduction Surgery (for Pennsylvania Only)	Revised	Nov. 1, 2022
Cardiac Event Monitoring (for Pennsylvania Only)	Revised	Nov. 1, 2022
Chelation Therapy for Non-Overload Conditions (for Pennsylvania Only)	Updated	Nov. 1, 2022
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Pennsylvania Only)	Updated	Sep. 1, 2022
Cosmetic and Reconstructive Procedures (for Pennsylvania Only)	Revised	Nov. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Pennsylvania Only)	Updated	Sep. 1, 2022
Genitourinary Pathogen Nucleic Acid Detection Panel Testing (for Pennsylvania Only)	Updated	Sep. 1, 2022
Gynecomastia Surgery (for Pennsylvania Only)	Revised	Nov. 1, 2022
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Pennsylvania Only)	Updated	Sep. 1, 2022
Home Hemodialysis (for Pennsylvania Only)	Updated	Nov. 1, 2022
Home Traction Therapy (for Pennsylvania Only)	Updated	Nov. 1, 2022
Liposuction for Lipedema (for Pennsylvania Only)	Revised	Oct. 1, 2022

Policy Title	Status	Effective Date
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Pennsylvania Only)	Updated	Sep. 1, 2022
Patient Lifts (for Pennsylvania Only)	Revised	Nov. 1, 2022
Pectus Deformity Repair (for Pennsylvania Only)	Revised	Nov. 1, 2022
Speech Generating Devices (for Pennsylvania Only)	Revised	Nov. 1, 2022
Surgery of the Foot (for Pennsylvania Only)	Revised	Nov. 1, 2022
Surgery of the Hand or Wrist (for Pennsylvania Only)	Revised	Nov. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Zulresso® (Brexanolone)	Updated	Sep. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services (for Pennsylvania Only)	Updated	Oct. 1, 2022

## Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Outpatient Surgical Procedures – Site of Service (for Pennsylvania Only)	Updated	Oct. 1, 2022
Provider Administered Drugs – Site of Care (for Pennsylvania Only)	Updated	Sep. 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 Community Plan of Pennsylvania 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 of Pennsylvania Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com/Pennsylvania](https://UHCprovider.com/Pennsylvania) > [Medicaid \(Community Plan\)](#) > [Current Policies and Clinical Guidelines](#) > [UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies and Coverage Determination Guidelines](#).