

UnitedHealthcare Individual Exchange 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

Implementation Delay: Preimplantation Genetic Testing (PGT) and Related Services

The new Coverage Determination Guideline (CDG) titled [Preimplantation Genetic Testing \(PGT\) and Related Services](#) will not be implemented on Jan. 1, 2022 for the states Alabama, Arizona, Florida, Georgia, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas, Virginia, and Washington as previously announced. Implementation of the new CDG has been postponed until further notice for these states.

The new CDG will be implemented on Jan. 1, 2022 for the states of Maryland and Illinois only.

Annual CPT® and HCPCS Code Updates

Effective Jan. 1, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination 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
Ablative Treatment for Spinal Pain	Revised	Mar. 1, 2022
Apheresis	Revised	Mar. 1, 2022
Bariatric Surgery	Revised	Mar. 1, 2022
Discogenic Pain Treatment	Revised	Mar. 1, 2022
Electrical and Ultrasound Bone Growth Stimulators	Revised	Mar. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Mar. 1, 2022
Implanted Electrical Stimulator for Spinal Cord	Revised	Mar. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Mar. 1, 2022
Omnibus Codes	Revised	Feb. 1, 2022
Pneumatic Compression Devices	Revised	Mar. 1, 2022
Prolotherapy and Platelet Rich Plasma Therapies	Updated	Feb. 1, 2022
Skin and Soft Tissue Substitutes	Revised	Feb. 1, 2022
Surgery of the Hip	Revised	Mar. 1, 2022
Surgery of the Knee	Revised	Feb. 1, 2022
Surgery of the Shoulder	Revised	Mar. 1, 2022

Policy Title	Status	Effective Date
Surgical Treatment for Spine Pain	Revised	Mar. 1, 2022
Temporomandibular Joint Disorders	Revised	Mar. 1, 2022
Vagus and External Trigeminal Nerve Stimulation	Revised	Mar. 1, 2022
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
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2022
Ilumya™ (Tildrakizumab-Asmn)	Revised	Feb. 1, 2022
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2022
Mozobil® (Plerixafor)	Revised	Feb. 1, 2022
Nplate® (Romiplostim)	Revised	Feb. 1, 2022
Nulojix® (Belatacept)	Updated	Jan. 1, 2022
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Panhematin® (Hemin)	Updated	Jan. 1, 2022
Pulmonary Arterial Hypertension Agents	Revised	Feb. 1, 2022
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Feb. 1, 2022
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Simulect® (Basiliximab)	Updated	Jan. 1, 2022
Stelara® (Ustekinumab)	Revised	Feb. 1, 2022
Thyrogen® (Thyrotropin Alfa)	Updated	Jan. 1, 2022
Vibativ® (Telavancin)	Updated	Jan. 1, 2022
Visudyne® (Verteporfin for Injection)	Updated	Jan. 1, 2022
Vivitrol® (Naltrexone for Extended-Release Injectable Suspension)	Updated	Jan. 1, 2022
Voraxaze® (Glucarpidase)	Updated	Jan. 1, 2022
Zilretta® (Triamcinolone Acetonide Extended Release)	Updated	Jan. 1, 2022
Zinplava™ (Bezlotoxumab)	Updated	Jan. 1, 2022
Zoledronic Acid	Revised	Feb. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Beds and Mattresses	Updated	Feb. 1, 2022
Cosmetic and Reconstructive Procedures	Revised	Feb. 1, 2022
Habilitative Services and Outpatient Rehabilitation Therapy	Updated	Feb. 1, 2022
Infertility Services	Revised	Feb. 1, 2022
Preventive Care Services	Revised	Feb. 1, 2022
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Updated	Feb. 1, 2022
Speech Generating Devices	Updated	Mar. 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 Individual Exchange Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans](#).