

December 2019

medical policy update **bulletin**

Medical Policy, Medical Benefit Drug Policy & Coverage Determination Guideline Updates

Take Note

ANNUAL CPT® AND HCPCS CODE UPDATES

Beginning Jan. 1, 2020, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be modified to reflect the 2020 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 2020 code updates:

- [American Medical Association. Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

Complete details on impacted policies and corresponding code edits will be provided in the January 2020 edition of the Medical Policy Update Bulletin.

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](#).

Policy Title	Status	Effective Date
MEDICAL POLICY		
Ablative Treatment for Spinal Pain	Revised	Jan. 1, 2020
Bariatric Surgery	Revised	Dec. 1, 2019
Bone or Soft Tissue Healing and Fusion Enhancement Products	Revised	Jan. 1, 2020
Cardiac Event Monitoring	Revised	Jan. 1, 2020
Epiduroscopy, Epidural Lysis of Adhesions and Discography	Revised	Jan. 1, 2020
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea	New	Mar. 1, 2020
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Updated	Dec. 1, 2019
Omnibus Codes	Revised	Jan. 1, 2020
Pharmacogenetic Testing	Revised	Feb. 1, 2020
Prolotherapy and Platelet Rich Plasma Therapies	Revised	Jan. 1, 2020
Therapeutic Radiopharmaceuticals	Replaced	Jan. 1, 2020
MEDICAL BENEFIT DRUG POLICY		
Crysvita® (Burosumab-Twza)	Revised	Jan. 1, 2020
Enzyme Replacement Therapy	Revised	Jan. 1, 2020
Gonadotropin Releasing Hormone Analogs	Revised	Jan. 1, 2020
Krystexxa® (Pegloticase)	Revised	Jan. 1, 2020
Oncology Medication Clinical Coverage	Revised	Jan. 1, 2020
Stelara® (Ustekinumab)	Revised	Jan. 1, 2020

Policy Title	Status	Effective Date
COVERAGE DETERMINATION GUIDELINE (CDG)		
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Revised	Jan. 1, 2020
Habilitative Services and Outpatient Rehabilitation Therapy	Revised	Jan. 1, 2020
Panniculectomy and Body Contouring Procedures	Updated	Jan. 1, 2020
Preventive Care Services	Revised	Jan. 1, 2020
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	Revised	Jan. 1, 2020
Rhinoplasty and Other Nasal Surgeries	Updated	Dec. 1, 2019
UTILIZATION REVIEW GUIDELINE (URG)		
Office Based Procedures – Site of Service	Updated	Jan. 1, 2020
Outpatient Surgical Procedures – Site of Service	Revised	Feb. 1, 2020
QUALITY OF CARE GUIDELINE (QCG)		
Hospital Readmissions	Retired	Dec. 1, 2019

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, Utilization Review Guideline, and Quality of Care 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 and/or documentation review requirements 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 or documentation review requirements; 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 and/or documentation review requirements

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, CDGs, URGs, and QOCGs is available at UHCprovider.com > *Policies and Protocols* > *Commercial Policies* > *Medical & Drug Policies and Coverage Determination Guidelines*.