UnitedHealthcare®

June 2020

medical policy update bulletin

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

Take Note

IMPLEMENTATION DELAYED: GENITOURINARY PATHOGEN NUCLEIC ACID DETECTION PANEL TESTING

The new Medical Policy titled Genitourinary Pathogen Nucleic Acid Detection Panel Testing will **not** be effective on **Jun. 1, 2020**, as previously announced. Implementation of this policy has been postponed until **Jul. 1, 2020**.

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		
Cochlear Implants	Revised	Aug. 1, 2020
Genetic Testing for Cardiac Disease	Updated	Jul. 1, 2020
Intrauterine Fetal Surgery	Revised	Jul. 1, 2020
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Aug. 1, 2020
Occipital Neuralgia and Headache Treatment	Updated	Jul. 1, 2020
Omnibus Codes	Revised	Jul. 1, 2020
MEDICAL BENEFIT DRUG POLICY		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Jul. 1, 2020
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Updated	Jul. 1, 2020
Cimzia® (Certolizumab Pegol)	New	Jul. 1, 2020
Ilumya™ (Tildrakizumab-Asmn)	Revised	Jul. 1, 2020
Immune Globulin (IVIG and SCIG)	Revised	Jul. 1, 2020
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	Revised	Jul. 1, 2020
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Jul. 1, 2020
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Jul. 1, 2020
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Jul. 1, 2020
Spinraza® (Nusinersen)	Updated	Jun. 1, 2020
Stelara® (Ustekinumab)	Revised	Jul. 1, 2020
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Revised	Jul. 1, 2020
COVERAGE DETERMINATION GUIDELINE (CDG)		
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Revised	Jul. 1, 2020
Emergency Health Care Services and Urgent Care Center Services	Revised	Jul. 1, 2020
Enteral Nutrition	New	Jul. 1, 2020
Preventive Care Services	Revised	Jul. 1, 2020
UTILIZATION REVIEW GUIDELINE (URG)		
Immune Globulin – Site of Care	Updated	Jul. 1, 2020
Outpatient Surgical Procedures – Site of Service	Revised	Sep. 1, 2020

UnitedHealthcare®

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.*