

March 2020

medical policy update **bulletin**

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

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		
Abnormal Uterine Bleeding and Uterine Fibroids	Revised	Apr. 1, 2020
Attended Polysomnography for Evaluation of Sleep Disorders	Revised	Apr. 1, 2020
Bariatric Surgery	Revised	May 1, 2020
Cardiac Event Monitoring	Updated	Apr. 1, 2020
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Revised	Apr. 1, 2020
Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis	Updated	Apr. 1, 2020
Elbow Replacement Surgery (Arthroplasty)	Updated	Apr. 1, 2020
Electrical and Ultrasound Bone Growth Stimulators	Updated	Apr. 1, 2020
Electroencephalographic (EEG) Monitoring and Video Recording	Revised	Apr. 1, 2020
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Revised	Apr. 1, 2020
Hysterectomy for Benign Conditions	Revised	Apr. 1, 2020
Implanted Electrical Stimulator for Spinal Cord	Updated	Apr. 1, 2020
Knee Replacement Surgery (Arthroplasty), Total and Partial	Revised	Apr. 1, 2020
Lower Extremity Vascular Angiography	Revised	Apr. 1, 2020
Obstructive Sleep Apnea Treatment	Updated	Apr. 1, 2020
Pneumatic Compression Devices	Updated	Apr. 1, 2020
Prolotherapy and Platelet Rich Plasma Therapies	Updated	Apr. 1, 2020
Shoulder Replacement Surgery (Arthroplasty)	Updated	Apr. 1, 2020
Surgical Treatment for Spine Pain	Revised	Apr. 1, 2020
Temporomandibular Joint Disorders	Updated	Apr. 1, 2020
MEDICAL BENEFIT DRUG POLICY		
Botulinum Toxins A and B	Revised	Apr. 1, 2020
Denosumab (Prolia® & Xgeva®)	Updated	Mar. 1, 2020
Exondys 51® (Eteplirsen)	Revised	Apr. 1, 2020
Intravenous Iron Replacement Therapy (Feraheme® & Injectafer®)	New	Apr. 1, 2020
Ketalar (Ketamine) and Spravato™ (Esketamine)	Revised	Apr. 1, 2020
Oncology Medication Clinical Coverage	Revised	Apr. 1, 2020
Rituximab (Rituxan®, Ruxience™, & Truxima®)	Revised	Apr. 1, 2020
Vyondys 53™ (Golodirsen)	New	Apr. 1, 2020
COVERAGE DETERMINATION GUIDELINE (CDG)		
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair	Updated	Apr. 1, 2020
Gynecomastia Treatment	Updated	Apr. 1, 2020
Habilitative Services and Outpatient Rehabilitation Therapy	Updated	Apr. 1, 2020

Policy Title	Status	Effective Date
Orthognathic (Jaw) Surgery	Updated	Apr. 1, 2020
Panniculectomy and Body Contouring Procedures	Updated	Apr. 1, 2020
Rhinoplasty and Other Nasal Surgeries	Updated	Apr. 1, 2020
UTILIZATION REVIEW GUIDELINE (URG)		
Chemotherapy Observation or Inpatient Hospitalization	Revised	Apr. 1, 2020
Provider Administered Drugs – Site of Care	Revised	May 1, 2020

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](https://www.uhcprovider.com) > *Policies and Protocols* > *Commercial Policies* > *Medical & Drug Policies and Coverage Determination Guidelines*.