

October 2019

medical policy update **bulletin**

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

Take Note

MEDICAL POLICY UPDATE BULLETIN STREAMLINED


We heard your feedback and have taken steps to simplify our monthly Medical Policy Update Bulletin. To help you find the information you need, these communications will now only highlight those policies with changes to coverage guidelines, clinical criteria, and/or procedure or diagnosis codes in a new, streamlined format.

We value your comments and are committed to making improvements to our communications. Tell us what you think by [completing this survey](#).

QUARTERLY CPT® AND HCPCS CODE UPDATES

Effective Oct. 1, 2019, all applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines have been modified to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Impacted policies are noted with an asterisk (*) below.

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		
Apheresis	Revised	Nov. 1, 2019
Bariatric Surgery	Revised	Dec. 1, 2019
Electric Tumor Treatment Field Therapy	Updated	Nov. 1, 2019
Epidural Steroid and Facet Injections for Spinal Pain	Revised	Dec. 1, 2019
Genetic Testing for Hereditary Cancer	Revised*	Oct. 1, 2019
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated*	Oct. 1, 2019
Omnibus Codes	Revised	Dec. 1, 2019
Skin and Soft Tissue Substitutes	Updated*	Oct. 1, 2019
Vagus and External Trigeminal Nerve Stimulation	Revised	Dec. 1, 2019
MEDICAL BENEFIT DRUG POLICY		
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Oct. 1, 2019 TBD [†]
Benlysta® (Belimumab)	Revised	Oct. 1, 2019 TBD ^{††}
Cimzia® (Certolizumab Pegol)	New	Oct. 1, 2019 TBD [†]
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Oct. 1, 2019
Complement Inhibitors (Soliris® & Ultomiris™)	Updated*	Oct. 1, 2019
Evenity™ (Romosozumab-Aqqg)	Updated*	Oct. 1, 2019
Gamifant™ (Emapalumab-Lzsg)	Updated*	Oct. 1, 2019
Infliximab (Remicade®, Inflectra™, Renflexis™)	Revised	Oct. 1, 2019
Ketalar® (Ketamine) and Spravato™ (Esketamine)	Revised	Oct. 1, 2019

Policy Title	Status	Effective Date
Krystexxa® (Pegloticase)	New	Oct. 1, 2019
Maximum Dosage	Revised	Oct. 1, 2019
Oncology Medication Clinical Coverage	Revised	Oct. 1, 2019
Onpattro™ (Patisiran)	Updated*	Oct. 1, 2019
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Oct. 1, 2019 TBD [†]
Review at Launch Medication List	Revised	Oct. 1, 2019
Self-Administered Medications List	Revised*	Oct. 1, 2019
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Oct. 1, 2019 TBD [†]
Sodium Hyaluronate	Revised*	Oct. 1, 2019
Stelara® (Ustekinumab)	Revised	Oct. 1, 2019
COVERAGE DETERMINATION GUIDELINE (CDG)		
Preventive Care Services	Revised	Dec. 1, 2019

*Quarterly code edit(s)

[†]Updated Oct. 4, 2019: Effective date pending; update delayed until further notice

^{††}Updated Oct. 8, 2019: Effective date pending; update delayed until further notice

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*.