

UnitedHealthcare Community Plan of Tennessee Medical Policy Update Bulletin: May 2023

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](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for Tennessee Only)	Revised	Jul. 1, 2023
Athletic Pubalgia Surgery (for Tennessee Only)	Revised	Jul. 1, 2023
Brow Ptosis and Eyelid Repair (for Tennessee Only)	Revised	Jul. 1, 2023
Cardiovascular Disease Risk Tests (for Tennessee Only)	Updated	Jul. 1, 2023
Chemotherapy Observation or Inpatient Hospitalization (for Tennessee Only)	Revised	Jul. 1, 2023
Discogenic Pain Treatment (for Tennessee Only)	Revised	Jul. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for Tennessee Only)	Revised	Jun. 1, 2023
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Tennessee Only)	Revised	Jun. 1, 2023
Hepatitis Screening (for Tennessee Only)	Updated	May 1, 2023
Interspinous Fusion and Decompression Devices (for Tennessee Only)	Revised	Jul. 1, 2023
Liposuction for Lipedema (for Tennessee Only)	Updated	Jun. 1, 2023
Lower Extremity Prosthetics (for Tennessee Only)	Revised	Jul. 1, 2023
Minimally Invasive Spine Surgery Procedures (for Tennessee Only)	Revised	Jul. 1, 2023
Mobility Devices, Options and Accessories (for Tennessee Only)	Revised	Jun. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Tennessee Only)	Revised	Jun. 1, 2023
Omnibus Codes (for Tennessee Only)	Revised	Jun. 1, 2023
Pneumatic Compression Devices (for Tennessee Only)	Revised	Jun. 1, 2023
Prostate Surgeries and Interventions (for Tennessee Only)	Revised	Jul. 1, 2023
Provider Administered Drugs – Site of Care (for Tennessee Only)	Replaced	Jun. 1, 2023
Skin and Soft Tissue Substitutes (for Tennessee Only)	Revised	Jul. 1, 2023
Spinal Fusion and Decompression (for Tennessee Only)	Revised	Jul. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Tennessee Only)	Revised	Jul. 1, 2023
Surgical Treatment for Spine Pain (for Tennessee Only)	Replaced	Jul. 1, 2023
Total Artificial Disc Replacement for the Spine (for Tennessee Only)	Revised	Jun. 1, 2023
Transanal Endoscopic Microsurgery (for Tennessee Only)	New	Jul. 1, 2023
Transcatheter Heart Valve Procedures (for Tennessee Only)	Revised	Jun. 1, 2023
Upper Extremity Myoelectric Prosthetic Devices (for Tennessee Only)	Revised	Jul. 1, 2023
Whole Exome and Whole Genome Sequencing (for Tennessee Only)	Revised	Jun. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Crysvita® (Burosumab-Twza)	Revised	Jun. 1, 2023
Immune Globulin (IVIG and SCIG)	Revised	Jun. 1, 2023
Medical Therapies for Enzyme Deficiencies	Revised	Jun. 1, 2023
Provider Administered Drugs – Site of Care	Revised	Jun. 1, 2023
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Jun. 1, 2023
Syfovre™ (Pegcetacoplan Injection)	New	Jun. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Power Mobility Devices (for Tennessee Only)	Replaced	Jun. 1, 2023
Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs (for Tennessee Only)	Replaced	Jul. 1, 2023
Wheelchair Options and Accessories (for Tennessee Only)	Replaced	Jun. 1, 2023
Wheelchair Seating (for Tennessee Only)	Replaced	Jun. 1, 2023

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 Community Plan of Tennessee 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan of Tennessee is available at UHCprovider.com/TN > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Tennessee Medical & Drug Policies and Coverage Determination Guidelines](#).