UnitedHealthcare®

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.

NOTICE OF IMPLEMENTATION DELAY

The following policies will not be effective on Aug. 1, 2019 as previously announced:

- Sublingual Liquid Immunotherapy: Implementation of this new Medical Policy has been postponed until **Sep. 1, 2019**.
- *Musculoskeletal Surgical Procedures – Site of Service*: Implementation of this new Utilization Review Guideline has been postponed until further notice.

Access a policy from the table below for complete details on the latest updates. A detailed summary of changes is provided at the bottom of every policy document for your reference.

Policy Title	Status	Effective Date
MEDICAL POLICY		
Ablative Treatment for Spinal Pain	Revised	Oct. 1, 2019
Bariatric Surgery	Revised	Oct. 1, 2019
Cardiac Event Monitoring	Revised	Oct. 1, 2019
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Updated	Oct. 1, 2019
Electrical and Ultrasound Bone Growth Stimulators	Updated	Aug. 1, 2019
Gender Dysphoria Treatment	Revised	Sep. 1, 2019
Genetic Testing for Hereditary Cancer	Revised	Oct. 1, 2019
Light and Laser Therapy	Updated	Aug. 1, 2019
Omnibus Codes	Revised	Oct. 1, 2019
Pharmacogenetic Testing	Revised	Oct. 1, 2019
Sublingual Liquid Immunotherapy	New	Sep. 1, 2019
Whole Exome and Whole Genome Sequencing	Revised	Sep. 1, 2019
MEDICAL BENEFIT DRUG POLICY		
Complement Inhibitors (Soliris® & Ultomiris™)	Revised	Aug. 1, 2019
Immune Globulin (IVIG and SCIG)	Revised	Aug. 1, 2019
Ocrevus™ (Ocrelizumab)	Updated	Aug. 1, 2019
Oncology Medication Clinical Coverage	Revised	Oct. 1, 2019
Onpattro™ (Patisiran)	Revised	Aug. 1, 2019
Review at Launch Medication List	Revised	Aug. 1, 2019
Self-Administered Medications	Updated	Aug. 1, 2019

Policy Title	Status	Effective Date
Self-Administered Medications List	Revised	Aug. 1, 2019
White Blood Cell Colony Stimulating Factors	Revised	Oct. 1, 2019
Xolair® (Omalizumab)	Revised	Aug. 1, 2019
Zulresso™ (Brexanolone)	New	Aug. 1, 2019
COVERAGE DETERMINATION GUIDELINE (CDG)		
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements	Revised	Oct. 1, 2019

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.*