

UnitedHealthcare Community Plan of Mississippi Medical Policy Update Bulletin: August 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
Chromosome Microarray Testing (Non-Oncology Conditions)	Revised	Oct. 1, 2023
Epidural Steroid Injections for Spinal Pain	Revised	Oct. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Mississippi Only)	Revised	Oct. 1, 2023
Glaucoma Surgical Treatments	Revised	Oct. 1, 2023
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Updated	Aug. 1, 2023
Outpatient Surgical Procedures – Site of Service	Updated	Aug. 1, 2023
Skin and Soft Tissue Substitutes (for Mississippi Only)	Revised	Oct. 1, 2023
Sleep Studies	Revised	Oct. 1, 2023
Spinal Fusion and Decompression	Revised	Oct. 1, 2023
Surgery of the Hand or Wrist	Updated	Oct. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferic®)	Revised	Sep. 1, 2023
Intravitreal Corticosteroid Implants	Updated	Aug. 1, 2023
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Updated	Aug. 1, 2023
Scenesse® (Afamelanotide)	Revised	Sep. 1, 2023
Uplizna® (Inebilizumab-Cdon)	Revised	Sep. 1, 2023
Viltepsō® (Viltolarsen)	Updated	Aug. 1, 2023
Vyepti® (Eptinezumab-Jjmr)	Revised	Sep. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Private Duty Nursing (PDN) Services (for Mississippi Only)	Updated	Sep. 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 Mississippi Medical Policy, Medical Benefit Drug Policy, and Coverage Determination 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, and Coverage Determination Guidelines for UnitedHealthcare Community Plan of Mississippi is available at UHCprovider.com/MS > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Mississippi Medical & Drug Policies and Coverage Determination Guidelines](#).