

# UnitedHealthcare Community Plan of North Carolina Medical Policy Update Bulletin: January 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
Abnormal Uterine Bleeding and Uterine Fibroids	Revised	Mar. 1, 2023
Airway Clearance Devices (for North Carolina Only)	Updated	Mar. 1, 2023
Apheresis	Updated	Mar. 1, 2023
Electric Tumor Treatment Field Therapy	Revised	Mar. 1, 2023
Hepatitis Screening	Updated	Mar. 1, 2023
Home Health, Skilled and Custodial Care Services (for North Carolina Only)	Updated	Mar. 1, 2023
Light and Laser Therapy	Updated	Mar. 1, 2023
Lithotripsy for Salivary Stones	Updated	Mar. 1, 2023
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia	Revised	Mar. 1, 2023
Obstructive and Central Sleep Apnea Treatment (for North Carolina Only)	Revised	Mar. 1, 2023
Oral and Enteral Nutrition (for North Carolina Only)	Updated	Mar. 1, 2023
Pediatric Gait Trainers and Standing Systems (for North Carolina Only)	Revised	Mar. 1, 2023
Prostate Surgeries and Interventions (for North Carolina Only)	Revised	Mar. 1, 2023
Spinal Fusion and Bone Healing Enhancement Products	Revised	Mar. 1, 2023
Surgery of the Elbow	Revised	Mar. 1, 2023
Surgery of the Hip	Revised	Mar. 1, 2023
Surgery of the Knee	Revised	Mar. 1, 2023
Surgery of the Shoulder	Revised	Mar. 1, 2023
Total Artificial Heart and Ventricular Assist Devices (for North Carolina Only)	Revised	Mar. 1, 2023
Walkers (for North Carolina Only)	Updated	Mar. 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 North Carolina 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 UnitedHealthcare Community Plan of North Carolina Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com/North Carolina > Medicaid \(Community Plan\) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of North Carolina Medical & Drug Policies and Coverage Determination Guidelines](https://UHCprovider.com/North%20Carolina%20>Medicaid%20(Community%20Plan)%20>Current%20Policies%20and%20Clinical%20Guidelines%20>UnitedHealthcare%20Community%20Plan%20of%20North%20Carolina%20Medical%20&%20Drug%20Policies%20and%20Coverage%20Determination%20Guidelines).