

# UnitedHealthcare Community Plan of Louisiana Medical Policy Update Bulletin: April 2024

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](#).

## Take Note

### Quarterly CPT® and HCPCS Code Updates

Beginning **Apr. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association: Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

For the list of impacted policies and corresponding details, click [here](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Airway Clearance Devices (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Deep Brain and Cortical Stimulation (for Louisiana Only)</a>	Revised	Apr. 1, 2024
<a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Elective Inpatient Services (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Louisiana Only)</a>	Updated	May 1, 2024
<a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Louisiana Only)</a>	Updated	Apr. 1, 2024
<a href="#">Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Louisiana Only)</a>	Updated	Apr. 1, 2024
<a href="#">Implanted Electrical Stimulator for Spinal Cord (for Louisiana Only)</a>	Updated	Jun. 1, 2024
<a href="#">Intensity-Modulated Radiation Therapy (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Interspinous Fusion and Decompression Devices (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Liposuction for Lipedema (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Manipulation Under Anesthesia (for Louisiana Only)</a>	Updated	Apr. 1, 2024
<a href="#">Molecular Oncology Companion Diagnostic Testing (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Louisiana Only)</a>	Revised	May 1, 2024
<a href="#">Neurophysiologic Testing and Monitoring (for Louisiana Only)</a>	Updated	Apr. 1, 2024
<a href="#">Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Louisiana Only)</a>	Updated	Apr. 1, 2024

Policy Title	Status	Effective Date
Percutaneous Patent Foramen Ovale (PFO) Closure (for Louisiana Only)	Revised	May 1, 2024
Proton Beam Radiation Therapy (for Louisiana Only)	Revised	May 1, 2024
Sacral Nerve Stimulation for Urinary and Fecal Indications (for Louisiana Only)	Revised	May 1, 2024
Skin and Soft Tissue Substitutes (for Louisiana Only)	Revised	May 1, 2024
Spinal Fusion and Bone Healing Enhancement Products (for Louisiana Only)	Updated	Apr. 1, 2024
Transcranial Magnetic Stimulation (for Louisiana Only)	Updated	May 1, 2024
Vagus and External Trigeminal Nerve Stimulation (for Louisiana Only)	Updated	Apr. 1, 2024
Vertebral Body Tethering for Scoliosis (for Louisiana Only)	Updated	Apr. 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors (Soliris® & Ultomiris®) (for Louisiana Only)	Revised	May 1, 2024
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®) (for Louisiana Only)	Revised	May 1, 2024

## 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 changes to our Community Plan of Louisiana Medical Policies and Medical Benefit Drug Policies. 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 and Medical Benefit Drug Policies for UnitedHealthcare Community Plan of Louisiana is available at [UHCprovider.com/LA](https://UHCprovider.com/LA) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Louisiana Medical & Drug Policies](#).