United Healthcare Community Plan

UnitedHealthcare Community Plan of Louisiana
Medical Policy Update Bulletin: December 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.

Take Note

Annual CPT and HCPCS Code Updates

Beginning **Jan. 1, 2024**, all applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines will be updated to reflect the 2024 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

Complete details on impacted policies and corresponding code edits will be provided in the January 2024 edition of the Medical Policy Update Bulletin.

Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs (for Louisiana Only)	Replaced	Jan. 1, 2024
Beds and Mattresses (for Louisiana Only)	Revised	Jan. 1, 2024
Breast Reconstruction (for Louisiana Only)	Revised	Jan. 1, 2024
Brow Ptosis and Eyelid Repair (for Louisiana Only)	Revised	Jan. 1, 2024
Cognitive Rehabilitation (for Louisiana Only)	Revised	Jan. 1, 2024
Genetic Testing for Cardiac Disease (for Louisiana Only)	Revised	Jan. 1, 2024
Home Health, Skilled, and Custodial Care Services (for Louisiana Only)	Revised	Jan. 1, 2024
Left Atrial Appendage Closure (Occlusion) (for Louisiana Only)	Updated	Jan. 1, 2024
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Louisiana Only)	Revised	Jan. 1, 2024
Meniscus Implant and Allograft (for Louisiana Only)	Replaced	Jan. 1, 2024
Surgery of the Knee (for Louisiana Only)	Revised	Jan. 1, 2024
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Louisiana Only)	Updated	Jan. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Maximum Dosage and Frequency (for Louisiana Only)	Revised	Jan. 1, 2024
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (for Louisiana Only)	Retired	Dec. 1, 2023

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Skilled Care and Custodial Care Services (for Louisiana Only)	Replaced	Jan. 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 UnitedHealthcare Community Plan of Louisiana 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, and Coverage Determination Guidelines for UnitedHealthcare Community Plan of Louisiana is available at **UHCprovider.com/LA** > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan of Louisiana Medical & Drug Policies and Coverage Determination Guidelines.