

UnitedHealthcare Community Plan Medical Policy Update Bulletin: October 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 ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning **Oct. 1, 2023**, our Medical Policies and Medical Benefit Drug Policies will be updated to reflect the annual ICD-10 and quarterly CPT/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](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Clinical Modification \(CM\) \(Diagnosis\) Codes: 2024](#)

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

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids	Revised	Nov. 1, 2023
Abnormal Uterine Bleeding and Uterine Fibroids (for New Jersey Only)	Revised	Nov. 1, 2023
Articular Cartilage Defect Repairs	Replaced	Dec. 1, 2023
Articular Cartilage Defect Repairs (for New Jersey Only)	Replaced	Dec. 1, 2023
Breast Imaging for Screening and Diagnosing Cancer	Updated	Dec. 1, 2023
Breast Reconstruction	Revised	Dec. 1, 2023
Breast Reconstruction (for Nebraska Only)	Revised	Dec. 1, 2023
Brow Ptosis and Eyelid Repair	Revised	Dec. 1, 2023
Brow Ptosis and Eyelid Repair (for New Jersey Only)	Revised	Dec. 1, 2023
Cardiovascular Disease Risk Tests	Updated	Oct. 1, 2023
Cognitive Rehabilitation	Revised	Dec. 1, 2023
Cognitive Rehabilitation (for New Jersey Only)	Revised	Dec. 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey Only)	Revised	Nov. 1, 2023
Diagnostic Spinal Ultrasonography	Updated	Oct. 1, 2023
Diagnostic Spinal Ultrasonography (for New Jersey Only)	Updated	Oct. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements	Revised	Dec. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Nebraska Only)	Revised	Dec. 1, 2023
Lower Extremity Endovascular Procedures	Revised	Dec. 1, 2023

Policy Title	Status	Effective Date
Mechanical Stretching Devices	Updated	Oct. 1, 2023
Meniscus Implant and Allograft	Replaced	Dec. 1, 2023
Meniscus Implant and Allograft (for New Jersey Only)	Replaced	Dec. 1, 2023
Surgery of the Knee	Revised	Dec. 1, 2023
Surgery of the Knee (for New Jersey Only)	Revised	Dec. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Dec. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for New Jersey Only)	Updated	Dec. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Benlysta® (Belimumab)	Revised	Nov. 1, 2023
Briumvi® (Ublituximab-Xiiy)	Updated	Oct. 1, 2023
Buprenorphine (Brixadi™ & Sublocade®)	Revised	Nov. 1, 2023
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	Nov. 1, 2023
Ilaris® (Canakinumab)	Revised	Nov. 1, 2023
Ophthalmologic Complement Inhibitors	Revised	Nov. 1, 2023
Provider Administered Drugs – Site of Care	Updated	Oct. 1, 2023
Saphnelo® (Anifrolumab-Fnia)	Revised	Nov. 1, 2023
Somatostatin Analogs	Revised	Oct. 1, 2023
Synagis® (Palivizumab)	Revised	Nov. 1, 2023
Tepezza® (Teprotumumab-Trbw)	Revised	Nov. 1, 2023
Tziel® (Teplizumab-Mzww)	Updated	Nov. 1, 2023
Zulresso® (Brexanolone)	Revised	Nov. 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 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 Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).