

UnitedHealthcare Community Plan Medical Policy Update Bulletin: September 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**, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines 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](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2024](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2023 edition of the Medical Policy Update Bulletin.

Community Plan of Nebraska to Use National Policy Version

Effective **Sep. 1, 2023**, Community Plan of Nebraska will no longer maintain a state-specific version of the Medical Policy titled *Lower Extremity Endovascular Procedures (for Nebraska Only)*; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy version titled Lower Extremity Endovascular Procedures.

Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	Nov. 1, 2023
Ambulance Services (for New Jersey Only)	Revised	Nov. 1, 2023
Balloon Sinus Ostial Dilation	Revised	Nov. 1, 2023
Balloon Sinus Ostial Dilation (for New Jersey Only)	Revised	Nov. 1, 2023
Carrier Testing Panels for Genetic Diseases	Revised	Nov. 1, 2023
Carrier Testing Panels for Genetic Diseases (for Nebraska Only)	Revised	Nov. 1, 2023
Carrier Testing Panels for Genetic Diseases (for New Jersey Only)	Revised	Nov. 1, 2023
Cell-Free Fetal DNA Testing (for Nebraska Only)	Revised	Nov. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for Nebraska Only)	Revised	Nov. 1, 2023
Clinical Trials	Updated	Sep. 1, 2023
Clinical Trials (for New Jersey Only)	Updated	Sep. 1, 2023
Cosmetic and Reconstructive Procedures	Revised	Nov. 1, 2023
Cosmetic and Reconstructive Procedures (for Nebraska Only)	Revised	Nov. 1, 2023

Policy Title	Status	Effective Date
Cosmetic and Reconstructive Procedures (for New Jersey Only)	Revised	Nov. 1, 2023
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	Nov. 1, 2023
Functional Endoscopic Sinus Surgery (FESS)	Revised	Nov. 1, 2023
Functional Endoscopic Sinus Surgery (FESS) (for New Jersey Only)	Revised	Nov. 1, 2023
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea	Updated	Nov. 1, 2023
Gender Dysphoria Treatment	Revised	Nov. 1, 2023
Genetic Testing for Cardiac Disease	Revised	Nov. 1, 2023
Genetic Testing for Cardiac Disease (for Nebraska Only)	Revised	Nov. 1, 2023
Genetic Testing for Cardiac Disease (for New Jersey Only)	Revised	Nov. 1, 2023
Genetic Testing for Hereditary Cancer	Updated	Nov. 1, 2023
Genetic Testing for Hereditary Cancer (for New Jersey Only)	Updated	Nov. 1, 2023
Genitourinary Pathogen Nucleic Acid Detection Testing	Retired	Sep. 1, 2023
Genitourinary Pathogen Nucleic Acid Detection Testing (for New Jersey Only)	Retired	Sep. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)	Revised	Nov. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Florida Only)	Revised	Nov. 1, 2023
Macular Degeneration Treatment Procedures	Revised	Nov. 1, 2023
Macular Degeneration Treatment Procedures (for New Jersey Only)	Revised	Nov. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Nebraska Only)	New	Oct. 1, 2023
Pharmacogenetic Testing (for Nebraska Only)	New	Oct. 1, 2023
Preimplantation Genetic Testing and Related Services (for Nebraska Only)	New	Oct. 1, 2023
Sleep Studies (for New Jersey Only)	Revised	Oct. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Briumvi® (Ublituximab-Xiiv)	Updated	Sep. 1, 2023
Cimzia® (Certolizumab Pegol)	Updated	Oct. 1, 2023
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Oct. 1, 2023
Intravitreal Corticosteroid Implants	Updated	Sep. 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Updated	Sep. 1, 2023
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Revised	Nov. 1, 2023
Neonatal Fc Receptor Blockers (Vyvgart®, Vyvgart® Hytrulo, & Rystiggo®)	Revised	Oct. 1, 2023
Oncology Medication Clinical Coverage	Revised	Oct. 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Oct. 1, 2023
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2023
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®)	Revised	Oct. 1, 2023
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®)	Updated	Oct. 1, 2023
Roctavian™ (Valoctocogene Roxaparvovec-Rvox)	New	Oct. 1, 2023
Skyrizi® (Risankizumab-Rzaa)	Revised	Oct. 1, 2023
Somatostatin Analogs	Revised	Oct. 1, 2023
Syfovre™ (Pegcetacoplan Injection)	Updated	Sep. 1, 2023

Policy Title	Status	Effective Date
Tepezza® (Teprotumumab-Trbw)	Updated	Oct. 1, 2023
Tezspire® (Tezepelumab-Ekko)	Revised	Oct. 1, 2023
Uplizna® (Inebilizumab-Cdon)	Revised	Sep. 1, 2023
Viltepsa® (Viltolarsen)	Updated	Sep. 1, 2023
Vyepti® (Eptinezumab-Jjmr)	Revised	Sep. 1, 2023
White Blood Cell Colony Stimulating Factors	Revised	Oct. 1, 2023
Xolair® (Omalizumab)	Revised	Oct. 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](#).