

UnitedHealthcare Community Plan Medical Policy Update Bulletin Quick View: September 2024



A list of recently approved, revised, and/or retired Medical Policies and/or Medical Benefit Drug Policies is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the [Medical Policy Update Bulletin: September 2024](#).**

Take Note

Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning **Oct. 1, 2024**, all applicable 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: 2025](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2025](#)

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

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Reconstruction	Updated	Oct. 1, 2024
Carrier Testing Panels for Genetic Diseases	Revised	Nov. 1, 2024
Cochlear Implants	Revised	Nov. 1, 2024
Cochlear Implants (for New Jersey Only)	Revised	Nov. 1, 2024
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Nebraska Only)	Revised	Nov. 1, 2024
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey Only)	Revised	Oct. 1, 2024
Cosmetic and Reconstructive Procedures (for Nebraska Only)	Revised	Nov. 1, 2024
Cosmetic and Reconstructive Procedures (for New Jersey Only)	Updated	Oct. 1, 2024
Genetic Testing for Cardiac Disease (for Nebraska Only)	Revised	Nov. 1, 2024
Genetic Testing for Cardiac Disease (for New Jersey Only)	Revised	Oct. 1, 2024
Genetic Testing for Hereditary Cancer (for Nebraska Only)	Updated	Sep. 1, 2024
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Nebraska Only)	Revised	Nov. 1, 2024
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for New Jersey Only)	Revised	Oct. 1, 2024
Molecular Oncology Companion Diagnostic Testing (for Nebraska Only)	Updated	Sep. 1, 2024

Policy Title	Status	Effective Date
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Nebraska Only)	Updated	Sep. 1, 2024
Pharmacogenetic Panel Testing (for Nebraska Only)	Updated	Sep. 1, 2024
Sinus Surgeries and Interventions	Revised	Nov. 1, 2024
Skin and Soft Tissue Substitutes	Revised	Nov. 1, 2024
Skin and Soft Tissue Substitutes (for Nebraska Only)	Revised	Nov. 1, 2024
Skin and Soft Tissue Substitutes (for New Jersey Only)	Revised	Nov. 1, 2024
Sleep Studies	Revised	Nov. 1, 2024
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Nebraska Only)	Updated	Sep. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Intracanalicular and Intravitreal Corticosteroid Implants	Updated	Sep. 1, 2024
Neonatal Fc Receptor Blockers (Rystiggo®, Vyvgart®, & Vyvgart® Hytrulo)	Revised	Oct. 1, 2024
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Updated	Sep. 1, 2024
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2024
Skyrizi® (Risankizumab-Rzaa)	Revised	Oct. 1, 2024
Tocilizumab (Actemra®, Tofidence™, and Tyenne®)	Revised	Oct. 1, 2024
Zulresso® (Brexanolone)	Updated	Sep. 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 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 UnitedHealthcare Community Plan Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/policies > For Community Plans > [Medical & Drug Policies](#).