UnitedHealthcare Commercial
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

Coming Soon: New Policy Library for UMR

Beginning **Nov. 1, 2023**, the Medical Policies and Medical Benefit Drug Policies for **UMR** will be housed in their own library on UHCprovider.com. At that time, the policies, along with their corresponding Medical Policy Update Bulletins, will be available for your reference at UHCprovider.com > Resources > Health plans, policies, protocols and guides > For Commercial Plans > **UnitedHealthcare | UMR Medical & Drug Policies**.

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
Category III Codes	Updated	Oct. 1, 2023
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Updated	Nov. 1, 2023
Electric Tumor Treatment Field Therapy	Revised	Nov. 1, 2023
Genetic Testing for Neuromuscular Disorders	Updated	Nov. 1, 2023
Home Health, Skilled, and Custodial Care Services (for Commercial Only)	Updated	Nov. 1, 2023
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Updated	Nov. 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
Elevidys™ (Delandistrogene Moxparvovec-Rokl)	Updated	Oct. 1, 2023

Policy Title	Status	Effective Date
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	Nov. 1, 2023
Ilaris® (Canakinumab)	Revised	Nov. 1, 2023
Medical Therapies for Enzyme Deficiencies	Updated	Oct. 1, 2023
Ophthalmologic Complement Inhibitors	Revised	Oct. 1, 2023
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2023
Qalsody™ (Tofersen)	Updated	Oct. 1, 2023
Saphnelo® (Anifrolumab-Fnia)	Revised	Nov. 1, 2023
Synagis® (Palivizumab)	Revised	Nov. 1, 2023
Tepezza® (Teprotumumab-Trbw)	Revised	Nov. 1, 2023
Vyjuvek™ (Beramagene Geperpavec-Svdt)	Updated	Oct. 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 Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines is available at **UHCprovider.com** > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines.