



UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: April 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

Quarterly CPT® and HCPCS Code Updates

Beginning **Apr. 1, 2023**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the quarterly 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 Level II](#)

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

Reminder: Medical Policy Consolidation for UnitedHealthcare Commercial and Individual Exchange Plans

Effective **Apr. 1, 2023**, the UnitedHealthcare Commercial and Individual Exchange Plans will share the same Medical Policies (MPs) and Coverage Determination Guidelines (CDGs); we will no longer maintain separate policy documents for these plans except the versions listed below:

Policy Title	Policy Type
Enteral Nutrition (for Commercial Only)	CDG
Enteral Nutrition (for Individual Exchange Only)	CDG
Gender Dysphoria Treatment (for Commercial Only)	MP
Gender Dysphoria Treatment (for Individual Exchange Only)	MP
Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for Commercial Only)	MP
Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for Individual Exchange Only)	MP
Home Health, Skilled, and Custodial Care Services (for Commercial Only)	MP
Home Health, Skilled, and Custodial Care Services (for Individual Exchange Only)	MP
Hospice Care (for Individual Exchange Only)	CDG
Outpatient Surgical Procedures – Site of Service	MP
Outpatient Surgical Procedures – Site of Service (for Individual Exchange Only)	MP
Referral to Out-of-Network Specialists (for Individual Exchange Only)	MP

The Medical Policies and Coverage Determination Guidelines have been updated to specify the plan(s) to which they apply on Apr. 1, 2023. Unless otherwise announced, there are no changes to policy guidelines as a result of this template update.

The policy libraries and corresponding bulletins will continue to be available for your reference at their current locations on [UHCprovider.com](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Athletic Pubalgia Surgery	Revised	May 1, 2023
Brow Ptosis and Eyelid Repair	Revised	May 1, 2023
Chemotherapy Observation or Inpatient Hospitalization	Revised	May 1, 2023
Corneal Collagen Cross-Linking	New	May 1, 2023
Fecal Microbiota Transplantation	New	Jun. 1, 2023
Home Health, Skilled, and Custodial Care Services (for Individual Exchange Only)	Revised	May 1, 2023
Omnibus Codes	Revised	Jun. 1, 2023
Prostate Surgeries and Interventions	Revised	Jun. 1, 2023
Skin and Soft Tissue Substitutes	Revised	May 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	Jun. 1, 2023
Transanal Endoscopic Microsurgery	New	May 1, 2023
Whole Exome and Whole Genome Sequencing	Updated	Apr. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca)	Updated	Apr. 1, 2023
Amondys 45® (Casimersen)	Updated	May 1, 2023
Buprenorphine (Probuphine® & Sublocade®)	Revised	May 1, 2023
Entyvio® (Vedolizumab)	Revised	May 1, 2023
Exondys 51® (Eteplirsen)	Revised	May 1, 2023
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Updated	Apr. 1, 2023
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	May 1, 2023
Lemtrada® (Alemtuzumab)	Revised	May 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	May 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Updated	Apr. 1, 2023
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	May 1, 2023
Repository Corticotropin Injections	Revised	May 1, 2023
Spevigo® (Spesolimab-Sbzo)	Updated	Apr. 1, 2023
Tysabri® (Natalizumab)	Revised	May 1, 2023
Tziel™ (Teplizumab-Mzwv)	Updated	Apr. 1, 2023
Tziel™ (Teplizumab-Mzwv)	Revised	May 1, 2023
Vyondys 53® (Golodirsen)	Updated	May 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 Individual Exchange Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans.](#)