



# UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: June 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 Jul. 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 Quarterly Update](#)

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

## Medical Policy Updates

Policy Title	Status	Effective Date
Chelation Therapy for Non-Overload Conditions	Updated	Jul. 1, 2023
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Revised	Jul. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Revised	Aug. 1, 2023
Gynecomastia Surgery	Updated	Jun. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech)	Revised	Jul. 1, 2023
Hyperbaric Oxygen Therapy and Topical Oxygen Therapy	Updated	Jun. 1, 2023
Manipulative Therapy	Revised	Jul. 1, 2023
Panniculectomy and Body Contouring Procedures	Updated	Jun. 1, 2023
Pectus Deformity Repair	Updated	Jul. 1, 2023
Preventive Care Services	Revised	Jul. 1, 2023
Spinal Fusion and Decompression	Revised	Jul. 1, 2023
Surgery of the Foot	Revised	Jul. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antithrombin III (ATryn®, Thrombate III®)	Retired	Jun. 1, 2023
Anti-Thymocyte Globulin (Lymphocyte Immune Globulin)	Retired	Jun. 1, 2023
Apokyn® (Apomorphine)	Retired	Jun. 1, 2023
Boniva® (Ibandronate)	Retired	Jun. 1, 2023
Ceprotrin® (Protein C Concentrate)	Retired	Jun. 1, 2023
Cytogam® (Cytomegalovirus Immune Globulin)	Retired	Jun. 1, 2023

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Ethyol® (Amifostine)	Retired	Jun. 1, 2023
Evkeeza® (Evinacumab-Dgnb)	Revised	Jul. 1, 2023
GamaSTAN®, GamaSTAN S/D® (Intramuscular Immune Globulin)	Retired	Jun. 1, 2023
Injectable Anticoagulants Arixtra® (Fondaparinux), Lovenox® (Enoxaparin), Fragmin® (Dalteparin)	Retired	Jun. 1, 2023
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Revised	Jul. 1, 2023
Kepivance® (Palifermin)	Retired	Jun. 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Updated	Jul. 1, 2023
Maximum Dosage and Frequency	Revised	Jul. 1, 2023
Mozobil® (Plerixafor)	Retired	Jun. 1, 2023
Nplate® (Romiplostim)	Retired	Jun. 1, 2023
Nulojix® (Belatacept)	Retired	Jun. 1, 2023
Panhematin® (Hemin)	Retired	Jun. 1, 2023
Pulmonary Arterial Hypertension Agents	Retired	Jun. 1, 2023
Simulect® (Basiliximab)	Retired	Jun. 1, 2023
Thyrogen® (Thyrotropin Alfa)	Retired	Jun. 1, 2023
Trogarzo® (Ibalizumab-Uiyk)	Revised	Jul. 1, 2023
Vibativ® (Telavancin)	Retired	Jun. 1, 2023
Visudyne® (Verteporfin for Injection)	Retired	Jun. 1, 2023
Vivitrol® (Naltrexone for Extended-Release Injectable Suspension)	Retired	Jun. 1, 2023
Voraxaze® (Glucarpidase)	Retired	Jun. 1, 2023
Zilretta® (Triamcinolone Acetonide Extended Release)	Retired	Jun. 1, 2023
Zinplava™ (Bezlotoxumab)	Retired	Jun. 1, 2023
Zoledronic Acid	Retired	Jun. 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](https://UHCprovider.com) > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans](#).