United Healthcare®

UnitedHealthcare Individual Exchange
Medical Policy Update Bulletin *Quick Glance*: June 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: June 2024.**

Medical Policy Updates

Policy Title	Status	Effective Date
Category III Codes	Updated	Jul. 1, 2024
Cell-Free Fetal DNA Testing	Revised	Aug. 1, 2024
Corneal Hysteresis and Intraocular Pressure Measurement	Retired	Jun. 1, 2024
Epidural Steroid Injections for Spinal Pain	Revised	Jul. 1, 2024
Gynecomastia Surgery	Revised	Jul. 1, 2024
Hospice Care (for Individual Exchange Only)	Revised	Jul. 1, 2024
Hyperbaric Oxygen Therapy and Topical Oxygen Therapy	Revised	Jul. 1, 2024
Manipulative Therapy	Revised	Jul. 1, 2024
Mobility Devices, Options, and Accessories	Revised	Jul. 1, 2024
Outpatient Surgical Procedures – Site of Service	Updated	Jun. 1, 2024
Panniculectomy and Body Contouring Procedures	Revised	Jul. 1, 2024
Preventive Care Services	Revised	Jul. 1, 2024
Prostate Surgeries and Interventions	Updated	Jul. 1, 2024
Rhinoplasty and Other Nasal Procedures	Revised	Jul. 1, 2024
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	Jul. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Jul. 1, 2024
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Jul. 1, 2024
Cosentyx® (Secukinumab)	Updated	Jul. 1, 2024
Immune Globulin (IVIG and SCIG)	Revised	Jul. 1, 2024
Korsuva® (Difelikefalin)	Revised	Jul. 1, 2024
Long-Acting Injectable Antiretroviral Agents for HIV	Updated	Jul. 1, 2024
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Updated	Jul. 1, 2024
Oxlumo® (Lumasiran) and Rivfloza™ (Nedosiran)	Revised	Jul. 1, 2024
Review at Launch for New to Market Medications	Revised	Jul. 1, 2024
Saphnelo® (Anifrolumab-Fnia)	Revised	Jul. 1, 2024
Scenesse® (Afamelanotide)	Revised	Jul. 1, 2024
Spevigo® (Spesolimab-Sbzo)	Revised	Jul. 1, 2024

Policy Title	Status	Effective Date
Spinraza® (Nusinersen)	Revised	Jul. 1, 2024
Testosterone Replacement or Supplementation Therapy	Revised	Jul. 1, 2024
Trogarzo® (Ibalizumab-Uiyk)	Updated	Jul. 1, 2024
Vyjuvek® (Beramagene Geperpavec-Svdt)	Revised	Jul. 1, 2024
White Blood Cell Colony Stimulating Factors	Revised	Jul. 1, 2024
Xolair® (Omalizumab)	Revised	Jul. 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 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 Individual Exchange Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com** > Policies and Protocols > Exchange Plans Policies > Medical & Drug Policies.