

UnitedHealthcare Medicare Advantage Medical Policy Update Bulletin Quick View: September 2024



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

Medical Policy Updates

Policy Title	Status	Effective Date
Brow Ptosis and Eyelid Repair	Revised	Sep. 1, 2024
Capsule Endoscopy	Revised	Sep. 1, 2024
Cosmetic and Reconstructive Procedures	Revised	Sep. 1, 2024
Ear, Nose, and Throat Procedures	Revised	Sep. 1, 2024
Electrical Stimulators	Revised	Sep. 1, 2024
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Revised	Oct. 1, 2024
Gender Dysphoria and Gender Reassignment Surgery	Revised	Sep. 1, 2024
Joint Procedures	Revised	Oct. 1, 2024
Prostate Services and Procedures and Impotence Treatment	Revised	Oct. 1, 2024
Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital	Revised	Sep. 1, 2024
Skin Substitutes Grafts/Cellular and Tissue-Based Products (Injections and/or Applications)	Revised	Sep. 1, 2024
Surgical Procedures	Revised	Oct. 1, 2024
Varicose Veins Treatment and Other Vein Embolization Procedures	Revised	Sep. 1, 2024
Vitamin D Testing	Revised	Sep. 1, 2024

Coverage Summary Updates

Policy Title	Status	Effective Date
Complementary and Alternative Medicine & Chiropractic Services	Replaced	Sep. 1, 2024
Dental Services, Oral Surgery, and Treatment of Temporomandibular Joint (TMJ)	Updated	Sep. 1, 2024
Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Revised	Sep. 1, 2024
Omnibus Codes	Revised	Sep. 1, 2024
Radiation and Oncologic Procedures	Revised	Sep. 1, 2024

Policy Guideline Updates

Policy Title	Status	Effective Date
Halaven® (Eribulin Mesylate)	Replaced	Sep. 1, 2024
Porcine Skin and Gradient Pressure Dressings	Replaced	Sep. 1, 2024
Spravato® (Esketamine)	Replaced	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 has recently adopted 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 CMS, 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 Medicare Advantage Medical Policies, Coverage Summaries, and Policy Guidelines. 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 coverage guidelines 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 coverage guidelines; however, items such as the definitions or references may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired



The complete library of UnitedHealthcare Medicare Advantage Medical Policies, Coverage Summaries, and Policy Guidelines is available at UHCprovider.com/policies > For Medicare Advantage Plans > [Medical Policies](#).