

UnitedHealthcare Community Plan of Kentucky Medical Policy Update Bulletin: September 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

Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning **Oct. 1, 2023**, all applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines 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](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2024](#)

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

Medical Policy Updates

Policy Title	Status	Effective Date
Balloon Sinus Ostial Dilation (for Kentucky Only)	Revised	Nov. 1, 2023
Carrier Testing Panels for Genetic Diseases (for Kentucky Only)	Revised	Nov. 1, 2023
Cell-Free Fetal DNA Testing (for Kentucky Only)	Revised	Oct. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for Kentucky Only)	Revised	Oct. 1, 2023
Clinical Trials (for Kentucky Only)	Updated	Sep. 1, 2023
Cosmetic and Reconstructive Procedures (for Kentucky Only)	Revised	Nov. 1, 2023
Functional Endoscopic Sinus Surgery (FESS) (for Kentucky Only)	Revised	Nov. 1, 2023
Genetic Testing for Hereditary Cancer (for Kentucky Only)	Updated	Nov. 1, 2023
Genitourinary Pathogen Nucleic Acid Detection Testing (for Kentucky Only)	Retired	Sep. 1, 2023
Glaucoma Surgical Treatments (for Kentucky Only)	Revised	Oct. 1, 2023
Macular Degeneration Treatment Procedures (for Kentucky Only)	Revised	Nov. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Oct. 1, 2023
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Revised	Nov. 1, 2023
Neonatal Fc Receptor Blockers (Vyvgart®, Vyvgart® Hytrulo, & Rystiggo®)	Revised	Oct. 1, 2023

Policy Title	Status	Effective Date
Oncology Medication Clinical Coverage	Revised	Oct. 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Oct. 1, 2023
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Oct. 1, 2023
Roctavian™ (Valoctocogene Roxaparvovec-Rvox)	New	Oct. 1, 2023
Skyrizi® (Risankizumab-Rzaa)	Revised	Oct. 1, 2023
Somatostatin Analogs	Revised	Oct. 1, 2023
Tezspire® (Tezepelumab-Ekko)	Revised	Oct. 1, 2023
White Blood Cell Colony Stimulating Factors	Revised	Oct. 1, 2023
Xolair® (Omalizumab)	Revised	Oct. 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 Community Plan of Kentucky 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 Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines for UnitedHealthcare Community Plan of Kentucky is available at UHCprovider.com/KY > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Kentucky Medical & Drug Policies and Coverage Determination Guidelines](#).