United Healthcare®

UnitedHealthcare Commercial
Medical Policy Update Bulletin: January 2024

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 CPT/HCPCS Code Updates

Beginning **Jan. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the 2024 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

For the list of impacted policies and corresponding details, click here.

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices	Revised	Mar. 1, 2024
Apheresis	Revised	Mar. 1, 2024
Deep Brain and Cortical Stimulation	Revised	Feb. 1, 2024
Elective Inpatient Services	Revised	Feb. 1, 2024
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Updated	Feb. 1, 2024
Genetic Testing for Hereditary Cancer	Revised	Feb. 1, 2024
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable	Updated	Feb. 1, 2024
Implanted Electrical Stimulator for Spinal Cord	Updated	Feb. 1, 2024
Intensity-Modulated Radiation Therapy	Revised	Feb. 1, 2024
Interspinous Fusion and Decompression Devices	Revised	Feb. 1, 2024
Liposuction for Lipedema	Revised	Feb. 1, 2024
Obstructive and Central Sleep Apnea Treatment	Revised	Mar. 1, 2024
Outpatient Surgical Procedures – Site of Service	Updated	Jan. 1, 2024
Percutaneous Patent Foramen Ovale (PFO) Closure	Revised	Feb. 1, 2024
Preventive Care Services	Revised	Feb. 1, 2024
Proton Beam Radiation Therapy	Revised	Feb. 1, 2024
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	Revised	Feb. 1, 2024
Sacral Nerve Stimulation for Urinary and Fecal Indications	Revised	Feb. 1, 2024
Skin and Soft Tissue Substitutes	Revised	Feb. 1, 2024
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	Revised	Feb. 1, 2024
Total Artificial Disc Replacement for the Spine	Revised	Feb. 1, 2024

Policy Title	Status	Effective Date
Transcranial Magnetic Stimulation	Updated	Feb. 1, 2024
Treatment of Temporomandibular Joint Disorders	Revised	Mar. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2024
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2024
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Feb. 1, 2024
Eloctate® [Antihemophilic Factor (Recombinant), FC Fusion Protein] for Connecticut Lines of Business (for Oxford Only)	Updated	Feb. 1, 2024
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Updated	Feb. 1, 2024
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2024
Neonatal Fc Receptor Blockers (Vyvgart®, Vyvgart® Hytrulo, & Rystiggo®)	Revised	Jan. 1, 2024
Ophthalmologic Complement Inhibitors	Updated	Jan. 1, 2024
Provider Administered Drugs – Site of Care	Revised	Jan. 1, 2024
Reblozyl® (Luspatercept-Aamt)	Revised	Feb. 1, 2024
Roctavian™ (Valoctocogene Roxaparvovec-Rvox)	Updated	Jan. 1, 2024
Testosterone Replacement or Supplementation Therapy	Revised	Feb. 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 UnitedHealthcare Medical Policy and Medical Benefit Drug Policy 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 Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com** > Policies and Protocols > Commercial Policies > Medical & Drug Policies.