

# UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: October 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

### Update to State-Specific Policy Application Guidelines for Individual Exchange Plans

Effective **Oct. 1, 2023**, Massachusetts, Nevada, and New York have been removed from the list of excluded states in all Medical Policies and Coverage Determination Guidelines that apply to Individual Exchange benefit plans, unless otherwise indicated\*. Refer to the [policies](#) for complete details on state-specific application guidelines.

**\*Note:**

- Massachusetts will remain on the list of excluded states for the Medical Policy titled *Private Duty Nursing Services*.
- Nevada and New York will remain on the list of excluded states for the Medical Policy titled *Mobility Devices, Options, and Accessories*.
- Massachusetts, Nevada, and New York will remain on the list of excluded states for the Medical Policies titled:
  - *Electrical Stimulation and Electromagnetic Therapy for Wounds (for Individual Exchange Only)*
  - *Enteral Nutrition (Oral and Tube Feeding) (for Individual Exchange Only)*
  - *Gender Dysphoria Treatment (for Individual Exchange Only)*
  - *Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for Individual Exchange Only)*
  - *Home Health, Skilled and Custodial Care Services (for Individual Exchange Only)*
  - *Hospice Care (for Individual Exchange Only)*
  - *Outpatient Surgical Procedures – Site of Service (for Individual Exchange Only)*
  - *Referral to Out-of-Network Specialists (for Individual Exchange Only)*
- This update does not apply to the Medical Benefit Drug Policies.

### Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning **Oct. 1, 2023**, our Medical Policies and Medical Benefit Drug Policies 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](#)

For a list of impacted policies and corresponding details, click [here](#).

## Medical Policy Updates

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Abnormal Uterine Bleeding and Uterine Fibroids                       | Revised | Nov. 1, 2023   |
| Category III Codes   | Updated | Oct. 1, 2023   |
| Computer-Assisted Surgical Navigation for Musculoskeletal Procedures | Updated | Nov. 1, 2023   |
| Electric Tumor Treatment Field Therapy                               | Revised | Nov. 1, 2023   |
| Genetic Testing for Neuromuscular Disorders                          | Updated | Nov. 1, 2023   |

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service | Updated | Nov. 1, 2023   |

## Medical Benefit Drug Policy Updates

| Policy Title                                 | Status  | Effective Date |
|--|---------|----------------|
| Benlysta® (Belimumab)                        | Revised | Nov. 1, 2023   |
| Briumvi® (Ublituximab-Xiyy)                  | Updated | Oct. 1, 2023   |
| Buprenorphine (Brixadi™ & Sublocade®)        | Revised | Nov. 1, 2023   |
| Elevidys™ (Delandistrogene Moxparvovec-Rokl) | Updated | Oct. 1, 2023   |
| Hemgenix® (Etranacogene Dezaparvovec-Drlb)   | Revised | Nov. 1, 2023   |
| Ilaris® (Canakinumab)                        | Revised | Nov. 1, 2023   |
| Medical Therapies for Enzyme Deficiencies    | Updated | Oct. 1, 2023   |
| Ophthalmologic Complement Inhibitors         | Revised | Nov. 1, 2023   |
| Qalsody™ (Tofersen)                          | Updated | Oct. 1, 2023   |
| Saphnelo® (Anifrolumab-Fnia)                 | Revised | Nov. 1, 2023   |
| Synagis® (Palivizumab)                       | Revised | Nov. 1, 2023   |
| Tepezza® (Teprotumumab-Trbw)                 | Revised | Nov. 1, 2023   |
| Vyjuvek™ (Beramagene Geperpavec-Svdt)        | Updated | Oct. 1, 2023   |
| Zulresso® (Brexanolone)                      | Revised | Nov. 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, and Coverage Determination Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans.](#)