

## UMR

# Medical Policy Update Bulletin: April 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

### Quarterly CPT® and HCPCS Code Updates

Beginning **Apr. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the quarterly 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
Cardiovascular Disease Risk Tests	Revised	May 1, 2024
Chemotherapy Observation and Inpatient Hospitalization	Revised	May 1, 2024
Genetic Testing for Neuromuscular Disorders	Revised	May 1, 2024
Genitourinary Pathogen Nucleic Acid Detection Testing	Updated	Apr. 1, 2024
Omnibus Codes	Revised	May 1, 2024
Skin and Soft Tissue Substitutes	Revised	May 1, 2024
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Apr. 1, 2024
Transanal Minimally Invasive Surgical Procedures	Revised	May 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca)	Revised	May 1, 2024
Adzyna (ADAMTS13, Recombinant-KrhN)	New	Apr. 1, 2024
Amondys 45® (Casimersen)	Revised	May 1, 2024
Briumvi® (Ublituximab-Xiiy)	Revised	May 1, 2024
Cosentyx® (Secukinumab)	New	Apr. 1, 2024
Enjaymo® (Sutimlimab-Jome)	Revised	May 1, 2024
Erythropoiesis-Stimulating Agents	Revised	May 1, 2024
Exondys 51® (Eteplirsen)	Revised	May 1, 2024
Givlaari® (Givosiran)	Revised	May 1, 2024
Lemtrada® (Alemtuzumab)	Revised	May 1, 2024
Medical Therapies for Enzyme Deficiencies	Updated	Apr. 1, 2024

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Ocrevus® (Ocrelizumab)	Revised	May 1, 2024
Omvoh™ (Mirikizumab-Mrkz)	New	Apr. 1, 2024
Oncology Medication Clinical Coverage	Revised	May 1, 2024
Orencia® (Abatacept) Injection for Intravenous Infusion	Updated	May 1, 2024
Oxlumo® (Lumasiran) and Rivfloza™ (Nedosiran)	Revised	Apr. 1, 2024
Provider Administered Drugs – Site of Care	Revised	Apr. 1, 2024
Radicava® (Edaravone)	Revised	May 1, 2024
Reblozyl® (Luspatercept-Aamt)	Revised	May 1, 2024
Tysabri® (Natalizumab)	Revised	May 1, 2024
Vyjuvek™ (Beramagene Geperpavec-Svdt)	Revised	May 1, 2024
Vyondys 53® (Golodirsen)	Revised	May 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.

UMR is a wholly owned subsidiary of UnitedHealthcare, a part of UnitedHealth Group. UMR is a third-party administrator (TPA) for self-funded plans.

## 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 UMR Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols for Healthcare Providers > For Commercial Plans > [UnitedHealthcare | UMR Medical & Drug Policies.](#)