

# UMR Medical Policy Update Bulletin Quick View: July 2024



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

## Take Note

### Quarterly CPT® and HCPCS Code Updates

Effective **Jul. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies have been 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](#)

Refer to the [Medical Policy Update Bulletin: July 2024](#) for a list of impacted policies and corresponding details.

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Ambulance Services</a>	Updated	Jul. 1, 2024
<a href="#">Chromosome Microarray Testing (Non-Oncology Conditions)</a>	Revised	Aug. 1, 2024
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Revised	Sep. 1, 2024
<a href="#">Cosmetic and Reconstructive Procedures</a>	Updated	Aug. 1, 2024
<a href="#">Fecal Calprotectin Testing</a>	Retired	Jul. 1, 2024
<a href="#">Genetic Testing for Cardiac Disease</a>	Updated	Jul. 1, 2024
<a href="#">Genetic Testing for Hereditary Cancer</a>	Updated	Jul. 1, 2024
<a href="#">Glaucoma Surgical Treatments</a>	Revised	Aug. 1, 2024
<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</a>	Updated	Jul. 1, 2024
<a href="#">Molecular Oncology Companion Diagnostic Testing</a>	Updated	Jul. 1, 2024
<a href="#">Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Updated	Jul. 1, 2024
<a href="#">Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)</a>	Updated	Aug. 1, 2024
<a href="#">Pharmacogenetic Panel Testing</a>	Updated	Jul. 1, 2024
<a href="#">Skin and Soft Tissue Substitutes</a>	Revised	Sep. 1, 2024
<a href="#">Surgery of the Ankle</a>	Revised	Sep. 1, 2024
<a href="#">Surgery of the Foot</a>	Revised	Sep. 1, 2024
<a href="#">Surgery of the Hand or Wrist</a>	Updated	Aug. 1, 2024
<a href="#">Surgery of the Knee</a>	Revised	Sep. 1, 2024
<a href="#">Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver</a>	Revised	Aug. 1, 2024
<a href="#">Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions)</a>	Updated	Jul. 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
17-Alpha-Hydroxyprogesterone Caproate (Makena® and 17P)	Retired	Jul. 1, 2024
Gene Therapies for Hemophilia B	Revised	Aug. 1, 2024
Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®)	Updated	Jul. 1, 2024
Maximum Dosage and Frequency	Revised	Aug. 1, 2024
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Aug. 1, 2024
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®)	Revised	Aug. 1, 2024
RNA-Targeted Therapies (Amvuttra® and Onpattro®)	Revised	Aug. 1, 2024
Xolair® (Omalizumab)	Revised	Aug. 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://UHCprovider.com) > Policies and Protocols for Healthcare Providers > For Commercial Plans > [UnitedHealthcare | UMR Medical & Drug Policies.](#)