



# UnitedHealthcare Commercial Medical Policy Update Bulletin: October 2022

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

All applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines have been 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 \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Clinical Modification \(CM\) \(Diagnosis\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): 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
Autologous Cellular Therapy	Updated	Dec. 1, 2022
Balloon Sinus Ostial Dilation	Revised	Nov. 1, 2022
Breast Imaging for Screening and Diagnosing Cancer	Updated	Dec. 1, 2022
Cell-Free Fetal DNA Testing	Updated	Oct. 1, 2022
Epidural Steroid Injections for Spinal Pain	Revised	Nov. 1, 2022
Facet Joint and Medial Branch Block Injections for Spinal Pain	Revised	Nov. 1, 2022
Functional Endoscopic Sinus Surgery (FESS)	Revised	Nov. 1, 2022
Hepatitis Screening	Revised	Dec. 1, 2022
Implanted Electrical Stimulator for Spinal Cord	Revised	Dec. 1, 2022
Lower Extremity Endovascular Procedures	Revised	Jan. 1, 2023
Prostate Surgeries and Interventions	Revised	Dec. 1, 2022
Sacroiliac Joint Interventions	Updated	Dec. 1, 2022
Spinal Fusion and Bone Healing Enhancement Products	Revised	Dec. 1, 2022
Surgical Treatment of Lymphedema	New	Dec. 1, 2022
Total Artificial Disc Replacement for the Spine	Revised	Nov. 1, 2022

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Alpha1-Proteinase Inhibitors	Revised	Nov. 1, 2022
Drug Coverage Criteria - New and Therapeutic Equivalent Medications (for Oxford Only)	Revised	Nov. 1, 2022
Gonadotropin Releasing Hormone Analogs	Revised	Oct. 1, 2022
Leqvio® (Inclisiran)	Revised	Nov. 1, 2022
Maximum Dosage and Frequency	Revised	Nov. 1, 2022
Skyrizi® (Risankizumab-Rzaa)	Updated	Nov. 1, 2022
Xolair® (Omalizumab)	Revised	Nov. 1, 2022

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Private Duty Nursing Services	Revised	Nov. 1, 2022

## 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).