

# UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: September 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

Beginning Oct. 1, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines 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 \(CMS\): 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](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2022 edition of the Medical Policy Update Bulletin.

## Medical Policy Updates

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Beds and Mattresses  | Revised | Nov. 1, 2022   |
| Breast Reconstruction  | Revised | Nov. 1, 2022   |
| Brow Ptosis and Eyelid Repair  | Revised | Nov. 1, 2022   |
| Cardiac Event Monitoring   | Revised | Nov. 1, 2022   |
| Chemotherapy Observation or Inpatient Hospitalization                      | Updated | Nov. 1, 2022   |
| Clinical Trials  | Revised | Nov. 1, 2022   |
| Cochlear Implants  | Revised | Nov. 1, 2022   |
| Cosmetic and Reconstructive Procedures                                     | Revised | Nov. 1, 2022   |
| Electrical and Ultrasound Bone Growth Stimulators                          | Updated | Sep. 1, 2022   |
| Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation | Revised | Nov. 1, 2022   |
| Gastrointestinal Motility Disorders, Diagnosis and Treatment               | Updated | Nov. 1, 2022   |
| Glaucoma Surgical Treatments   | Revised | Nov. 1, 2022   |
| Gynecomastia Surgery   | Revised | Nov. 1, 2022   |
| Hospital Services: Observation and Inpatient                               | New     | Dec. 1, 2022   |
| Implanted Spinal Drug Delivery Systems                                     | Updated | Nov. 1, 2022   |
| Infertility Diagnosis, Treatment and Fertility Preservation                | Revised | Nov. 1, 2022   |
| Intensity-Modulated Radiation Therapy                                      | Revised | Aug. 1, 2022   |

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Meniscus Implant and Allograft   | Updated | Nov. 1, 2022   |
| Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) | Revised | Nov. 1, 2022   |
| Orthognathic (Jaw) Surgery   | Revised | Nov. 1, 2022   |
| Panniculectomy and Body Contouring Procedures  | Revised | Nov. 1, 2022   |
| Patient Lifts  | Revised | Nov. 1, 2022   |
| Pectus Deformity Repair  | Revised | Nov. 1, 2022   |
| Pediatric Gait Trainers and Standing Systems   | Revised | Nov. 1, 2022   |
| Preimplantation Genetic Testing and Related Services                                 | Revised | Nov. 1, 2022   |
| Speech Generating Devices  | Revised | Nov. 1, 2022   |
| Surgery of the Foot  | Revised | Nov. 1, 2022   |
| Surgery of the Hand or Wrist   | Revised | Nov. 1, 2022   |
| Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins         | Updated | Nov. 1, 2022   |
| Thermography   | Updated | Nov. 1, 2022   |
| Walkers  | Updated | Nov. 1, 2022   |

## Medical Benefit Drug Policy Updates

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Enjaymo™ (Sutimlimab-Jome)                             | Updated | Oct. 1, 2022   |
| Hereditary Angioedema (HAE), Treatment and Prophylaxis | Updated | Sep. 1, 2022   |
| Korsuva™ (Difelikefalin)                               | Updated | Oct. 1, 2022   |
| Skyrizi® (Risankizumab-Rzaa)                           | New     | Oct. 1, 2022   |
| Tezspire® (Tezepelumab-Ekko)                           | Updated | Oct. 1, 2022   |
| White Blood Cell Colony Stimulating Factors            | Revised | Oct. 1, 2022   |
| Zulresso® (Brexanolone)                                | Updated | Sep. 1, 2022   |

## Coverage Determination Guideline Updates

| Policy Title   | Status   | Effective Date |
|--|----------|----------------|
| Breast Repair/Reconstruction Not Following Mastectomy      | Replaced | Nov. 1, 2022   |
| Preimplantation Genetic Testing (PGT) and Related Services | Replaced | Nov. 1, 2022   |

## Utilization Review Guideline Updates

| Policy Title         | Status   | Effective Date |
|----------------------|----------|----------------|
| Observation Services | Replaced | Dec. 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 Individual Exchange Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans](#).