UnitedHealthcare Commercial
Medical Policy Update Bulletin *Quick View*: October 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: October 2024.**

Take Note

Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Effective **Oct. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies 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: Healthcare Common Procedure Coding System (HCPCS) Quarterly Update
- Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision (ICD-10) Codes

Refer to the Medical Policy Update Bulletin: October 2024 for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Imaging for Screening and Diagnosing Cancer	Updated	Nov. 1, 2024
Cell-Free Fetal DNA Testing	Updated	Oct. 1, 2024
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements	Revised	Dec. 1, 2024
Electric Tumor Treatment Field Therapy	Updated	Oct. 1, 2024
Electric Tumor Treatment Field Therapy	Revised	Nov. 1, 2024
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Updated	Oct. 1, 2024
Genetic Testing for Neuromuscular Disorders	Updated	Oct. 1, 2024
Hospital Services: Observation and Inpatient	Revised	Nov. 1, 2024
Injectable Dermal Fillers and Bulking Agents	Revised	Dec. 1, 2024
Left Atrial Appendage Closure (Occlusion)	Revised	Nov. 1, 2024
Light and Laser Therapy	Revised	Dec. 1, 2024
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Updated	Oct. 1, 2024
Mechanical Stretching Devices	Revised	Nov. 1, 2024
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated	Oct. 1, 2024
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Dec. 1, 2024
Ocular Photoscreening	Revised	Dec. 1, 2024
Omnibus Codes	Revised	Dec. 1, 2024

Policy Title	Status	Effective Date
Percutaneous Neuroablation for Pancreatic Cancer Pain, Severe Cancer Pain, and Trigeminal Neuralgia	Updated	Oct. 1, 2024
Preimplantation Genetic Testing and Related Services	Updated	Oct. 1, 2024
Sleep Studies	Revised	Nov. 1, 2024
Spinal Fusion and Bone Healing Enhancement Products	Updated	Oct. 1, 2024
Surgery of the Hip	Updated	Nov. 1, 2024
Surgery of the Knee	Updated	Nov. 1, 2024
Total Artificial Heart and Ventricular Assist Devices	Retired	Oct. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Assisted Administration of Clotting Factors, Coagulant Blood Products & Other Hemostatics (for Oxford Only)	Updated	Nov. 1, 2024
Brineura® (Cerliponase Alfa)	Revised	Nov. 1, 2024
Buprenorphine (Brixadi® & Sublocade®)	Revised	Nov. 1, 2024
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Nov. 1, 2024
Eloctate® [Antihemophilic Factor (Recombinant), FC Fusion Protein] for Connecticut Lines of Business (for Oxford Only)	Revised	Nov. 1, 2024
Kisunla™ (Donanemab-Azbt)	New	Nov. 1, 2024
Leqembi® (Lecanemab-Irmb)	Revised	Nov. 1, 2024
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Nov. 1, 2024
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Oct. 1, 2024
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Nov. 1, 2024
Tepezza® (Teprotumumab-Trbw)	Revised	Nov. 1, 2024
Zulresso® (Brexanolone)	Revised	Nov. 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.

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 and Medical Benefit Drug Policies is available at **UHCprovider.com/policies** > For Commercial Plans > Medical & Drug Policies.