

UnitedHealthcare Community Plan of Louisiana Medical Policy Update Bulletin: September 2023

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, 2023**, all applicable Medical Policies, Medical Benefit Drug Policies, and Coverage Determination 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: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Clinical Modification \(CM\) \(Diagnosis\) Codes: 2024](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2024](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2023 edition of the Medical Policy Update Bulletin.

Medical Policy Updates

Policy Title	Status	Effective Date
Cell-Free Fetal DNA Testing (for Louisiana Only)	Updated	Oct. 1, 2023
Chelation Therapy for Non-Overload Conditions (for Louisiana Only)	Revised	Oct. 1, 2023
Chemotherapy Observation or Inpatient Hospitalization (for Louisiana Only)	Revised	Oct. 1, 2023
Cochlear Implants (for Louisiana Only)	Updated	Sep. 1, 2023
Enteral Nutrition (Oral and Tube Feeding) (for Louisiana Only)	Revised	Oct. 1, 2023
Gastrointestinal Motility Disorders, Diagnosis, and Treatment (for Louisiana Only)	Revised	Oct. 1, 2023
Gender Dysphoria Treatment (for Louisiana Only)	Revised	Nov. 1, 2023
Glaucoma Surgical Treatments (for Louisiana Only)	Revised	Oct. 1, 2023
Gynecomastia Surgery (for Louisiana Only)	Updated	Sep. 1, 2023
Intrauterine Fetal Surgery (for Louisiana Only)	Updated	Oct. 1, 2023
Macular Degeneration Treatment Procedures (for Louisiana Only)	Revised	Nov. 1, 2023
Manipulative Therapy (for Louisiana Only)	Revised	Oct. 1, 2023
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Louisiana Only)	Revised	Oct. 1, 2023
Motorized Spinal Traction (for Louisiana Only)	Updated	Oct. 1, 2023
Negative Pressure Wound Therapy (for Louisiana Only)	New	Oct. 1, 2023
Omnibus Codes (for Louisiana Only)	Revised	Oct. 1, 2023
Panniculectomy and Body Contouring Procedures (for Louisiana Only)	Revised	Oct. 1, 2023

Policy Title	Status	Effective Date
Patient Lifts (for Louisiana Only)	Updated	Oct. 1, 2023
Pectus Deformity Repair (for Louisiana Only)	Updated	Oct. 1, 2023
Pediatric Gait Trainers and Standing Systems (for Louisiana Only)	Revised	Oct. 1, 2023
Pneumatic Compression Devices (for Louisiana Only)	Revised	Oct. 1, 2023
Spinal Fusion and Decompression (for Louisiana Only)	Revised	Oct. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Louisiana Only)	Revised	Oct. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Buprenorphine (Probuphine®) (for Louisiana Only)	Revised	Oct. 1, 2023
Crysvita® (Burosumab-Twza) (for Louisiana Only)	Revised	Oct. 1, 2023
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease (for Louisiana Only)	Revised	Oct. 1, 2023
Maximum Dosage and Frequency (for Louisiana Only)	Revised	Sep. 1, 2023
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®) (for Louisiana Only)	Revised	Oct. 1, 2023
Self-Administered Medications (for Louisiana Only)	New	Oct. 1, 2023
Somatostatin Analogs (for Louisiana Only)	Revised	Oct. 1, 2023
Tepezza® (Teprotumumab-Trbw) (for Louisiana Only)	Revised	Oct. 1, 2023
Tzield® (Teplizumab-Mzww) (for Louisiana Only)	Revised	Oct. 1, 2023
Uplizna® (Inebilizumab-Cdon) (for Louisiana Only)	Retired	Sep. 1, 2023
Viltepso® (Viltolarsen) (for Louisiana Only)	Retired	Sep. 1, 2023
Vyepti™ (Eptinezumab-Jjmr) (for Louisiana Only)	Retired	Sep. 1, 2023

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 Community Plan of Louisiana 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 Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines for UnitedHealthcare Community Plan of Louisiana is available at UHCprovider.com/LA > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Louisiana Medical & Drug Policies and Coverage Determination Guidelines](#).