



# UnitedHealthcare Commercial Medical Policy Update Bulletin: August 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](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Balloon Sinus Ostial Dilation	Updated	Aug. 1, 2023
Breast Imaging for Screening and Diagnosing Cancer	Updated	Sep. 1, 2023
Breast Reconstruction	Revised	Sep. 1, 2023
Carrier Testing Panels for Genetic Diseases	Revised	Sep. 1, 2023
Clinical Trials	Updated	Aug. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements	Revised	Sep. 1, 2023
Electromagnetic Therapy for Wounds (for Commercial Only)	Revised	Sep. 1, 2023
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	Sep. 1, 2023
Functional Endoscopic Sinus Surgery (FESS)	Updated	Aug. 1, 2023
Genetic Testing for Cardiac Disease	Revised	Oct. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)	Revised	Aug. 1, 2023
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	Updated	Aug. 1, 2023
Lower Extremity Prosthetics	Updated	Sep. 1, 2023
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Updated	Aug. 1, 2023
Mechanical Stretching Devices	Updated	Sep. 1, 2023
Office-Based Procedures – Site of Service	Updated	Aug. 1, 2023
Sleep Studies	Revised	Sep. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Sep. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Elevidys™ (Delandistrogene Moxparvovec-Rokl)	New	Aug. 1, 2023
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	Sep. 1, 2023
Immune Globulin (IVIG and SCIG)	Revised	Oct. 1, 2023
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Sep. 1, 2023
Intravitreal Corticosteroid Implants	Updated	Aug. 1, 2023
Rebyota™ (Fecal Microbiota, Live-Jslm)	New	Aug. 1, 2023
Scenesse® (Afamelanotide)	Revised	Sep. 1, 2023
Tzield® (Teplizumab-Mzww)	Revised	Sep. 1, 2023

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Uplizna® (Inebilizumab-Cdon)	Revised	Sep. 1, 2023
Viltepso® (Viltolarsen)	Updated	Aug. 1, 2023
Vyepti® (Eptinezumab-Jjmr)	Revised	Sep. 1, 2023
Vyjuvek™ (Beramagene Geperpavec-Svdt)	New	Aug. 1, 2023
White Blood Cell Colony Stimulating Factors	Revised	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 Medical Policy, Medical Benefit Drug Policy, and Coverage Determination 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, and Coverage Determination Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines.