



# UnitedHealthcare Individual Exchange Medical Policy Update Bulletin: November 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

### 2024 UnitedHealthcare Individual Exchange Plan Updates

Our Medical Policies and Medical Benefit Drug Policies will apply to the new UnitedHealthcare Individual Exchange plans in **New Jersey** (Oxford Metro network), **New Mexico** (Choice network), **South Carolina** (Individual Exchange network), and **Wisconsin** (Individual Exchange network) on **Jan. 1, 2024**. Some exclusions apply; click [here](#) for the list of impacted policies and corresponding details.

For additional details, refer to the UnitedHealthcare news article titled [New 2024 Individual Exchange plans and prior authorization information](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Ablative Treatment for Spinal Pain</a>	Updated	Jan. 1, 2024
<a href="#">Computed Tomographic Colonography</a>	Updated	Jan. 1, 2024
<a href="#">Electromagnetic Therapy for Wounds</a>	Revised	Jan. 1, 2024
<a href="#">Electroretinography</a>	Revised	Jan. 1, 2024
<a href="#">Enteral Nutrition (Oral and Tube Feeding) (for Individual Exchange Only)</a>	Revised	Jan. 1, 2024
<a href="#">Infertility Diagnosis, Treatment, and Fertility Preservation</a>	Updated	Nov. 1, 2023
<a href="#">Infertility Diagnosis, Treatment, and Fertility Preservation</a>	Updated	Jan. 1, 2024
<a href="#">Injectables for Reconstructive Procedures</a>	Revised	Jan. 1, 2024
<a href="#">Light and Laser Therapy</a>	Revised	Jan. 1, 2024
<a href="#">Minimally Invasive Procedures for Gastric and Esophageal Diseases</a>	Revised	Jan. 1, 2024
<a href="#">Molecular Oncology Companion Diagnostic Testing</a>	Revised	Jan. 1, 2024
<a href="#">Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Revised	Jan. 1, 2024
<a href="#">Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Revised	Jan. 1, 2024
<a href="#">Neurophysiologic Testing and Monitoring</a>	Updated	Jan. 1, 2024
<a href="#">Obstetrical Ultrasound</a>	Retired	Nov. 1, 2023
<a href="#">Omnibus Codes</a>	Revised	Jan. 1, 2024
<a href="#">Pharmacogenetic Panel Testing</a>	Updated	Jan. 1, 2024
<a href="#">Plagiocephaly and Craniosynostosis Treatment</a>	Updated	Nov. 1, 2023
<a href="#">Preventive Care Services</a>	Revised	Jan. 1, 2024
<a href="#">Sacroiliac Joint Interventions</a>	Revised	Jan. 1, 2024

Policy Title	Status	Effective Date
Surgery of the Shoulder	Updated	Nov. 1, 2023
Surgical Treatment of Lymphedema	Updated	Nov. 1, 2023
Vagus and External Trigeminal Nerve Stimulation	Updated	Jan. 1, 2024
Video Electroencephalographic (vEEG) Monitoring and Recording	Updated	Jan. 1, 2024
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Updated	Jan. 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B	Revised	Dec. 1, 2023
Elevidys™ (Delandistrogene Moxparovec-Rokl)	Revised	Dec. 1, 2023
Gonadotropin Releasing Hormone Analogs	Updated	Nov. 1, 2023
Ilaris® (Canakinumab)	Revised	Dec. 1, 2023
Krystexxa® (Pegloticase)	Revised	Dec. 1, 2023
Leqvio® (Inclisiran)	Revised	Dec. 1, 2023
Luxturna® (Voretigene Neparovec-Rzyl)	Revised	Dec. 1, 2023
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Dec. 1, 2023
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Dec. 1, 2023
Roctavian™ (Valoctocogene Roxaparovec-Rvox)	Revised	Dec. 1, 2023
Zolgensma® (Onasemnogene Abeparovec-Xioi)	Revised	Dec. 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, 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, and Coverage Determination Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Exchange Plans Policies > [Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare® Individual Exchange Plans.](#)