



# UnitedHealthcare Commercial Medical Policy Update Bulletin: January 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 CPT/HCPCS Code Updates

Beginning Jan. 1, 2023, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines will be updated to reflect the 2023 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (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 Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Abnormal Uterine Bleeding and Uterine Fibroids</a>	Revised	Mar. 1, 2023
<a href="#">Airway Clearance Devices</a>	Revised	Mar. 1, 2023
<a href="#">Apheresis</a>	Updated	Mar. 1, 2023
<a href="#">Bariatric Surgery</a>	Revised	Mar. 1, 2023
<a href="#">Category III Codes</a>	New	Apr. 1, 2023
<a href="#">Clinical Trials</a>	Updated	Jan. 1, 2023
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Revised	Feb. 1, 2023
<a href="#">Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements</a>	Revised	Mar. 1, 2023
<a href="#">Electric Tumor Treatment Field Therapy</a>	Updated	Mar. 1, 2023
<a href="#">Electrical and Ultrasound Bone Growth Stimulators</a>	Updated	Mar. 1, 2023
<a href="#">Gender Dysphoria Treatment</a>	Revised	Jan. 1, 2023
<a href="#">Genetic Testing for Hereditary Cancer</a>	Revised	Mar. 1, 2023
<a href="#">Genetic Testing for Neuromuscular Disorders</a>	Revised	Mar. 1, 2023
<a href="#">Home Health, Skilled, and Custodial Care Services</a>	Revised	Mar. 1, 2023
<a href="#">Lithotripsy for Salivary Stones</a>	Updated	Mar. 1, 2023
<a href="#">Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia</a>	Revised	Mar. 1, 2023
<a href="#">Mobility Devices, Options, and Accessories</a>	Revised	Mar. 1, 2023
<a href="#">Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions</a>	Updated	Jan. 1, 2023
<a href="#">Negative Pressure Wound Therapy</a>	Revised	Mar. 1, 2023

Policy Title	Status	Effective Date
Neurophysiologic Testing and Monitoring	Revised	Mar. 1, 2023
Obstructive and Central Sleep Apnea Treatment	Revised	Mar. 1, 2023
Omnibus Codes	Revised	Apr. 1, 2023
Percutaneous Vertebroplasty and Kyphoplasty	Updated	Mar. 1, 2023
Pharmacogenetic Testing	Updated	Jan. 1, 2023
Pharmacogenetic Panel Testing	Revised	Mar. 1, 2023
Plagiocephaly and Craniosynostosis Treatment	Updated	Mar. 1, 2023
Sacral Nerve Stimulation for Urinary and Fecal Indications	New	Mar. 1, 2023
Screening Colonoscopy Procedures – Site of Service	Updated	Jan. 1, 2023
Skin and Soft Tissue Substitutes	Revised	Mar. 1, 2023
Surgery of the Elbow	Updated	Mar. 1, 2023
Surgery of the Shoulder	Revised	Mar. 1, 2023
Temporomandibular Joint Disorders	Revised	Mar. 1, 2023
Total Artificial Disc Replacement for the Spine	Revised	Mar. 1, 2023
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Updated	Mar. 1, 2023
Vitamin D Testing	Updated	Mar. 1, 2023
Whole Exome and Whole Genome Sequencing	Revised	Mar. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Assisted Administration of Clotting Factors, Coagulant Blood Products & Other Hemostatics (for Oxford Only)	Updated	Jan. 1, 2023
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2023
Drug Coverage Criteria-New and Therapeutic Equivalent Medications (for Oxford Only)	Retired	Jan. 1, 2023
Eloctate® [Antihemophilic Factor (Recombinant), FC Fusion Protein] for Connecticut Lines of Business (for Oxford Only)	Updated	Jan. 1, 2023
Ketalar® (Ketamine) and Spravato® (Esketamine)	Revised	Feb. 1, 2023
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Feb. 1, 2023
Reblozyl® (Luspatercept-Aamt)	Revised	Feb. 1, 2023
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2023
Stelara® (Ustekinumab)	Updated	Feb. 1, 2023
Testosterone Replacement or Supplementation Therapy	Updated	Jan. 1, 2023

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Habilitative Services and Outpatient Rehabilitation Therapy	Updated	Jan. 1, 2023
Power Mobility Devices	Replaced	Mar. 1, 2023
Preventive Care Services	Revised	Jan. 1, 2023
Skilled Care and Custodial Care Services	Replaced	Mar. 1, 2023
Wheelchair Options and Accessories	Replaced	Mar. 1, 2023
Wheelchair Seating	Replaced	Mar. 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).