



UnitedHealthcare Commercial Medical Policy Update Bulletin: September 2022

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, 2022, all applicable Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review 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 \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Clinical Modification \(CM\) \(Diagnosis\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): International Classification of Diseases, Tenth Revision \(ICD-10\) Procedure Coding System \(PCS\) Codes: 2022](#)
- [Centers for Medicare & Medicaid Services \(CMS\): Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2022 edition of the Medical Policy Update Bulletin.

Medical Policy Updates

Policy Title	Status	Effective Date
Beds and Mattresses	Revised	Nov. 1, 2022
Breast Reconstruction	Revised	Nov. 1, 2022
Breast Reduction Surgery	Revised	Nov. 1, 2022
Brow Ptosis and Eyelid Repair	Revised	Nov. 1, 2022
Cardiac Event Monitoring	Revised	Nov. 1, 2022
Chemotherapy Observation or Inpatient Hospitalization	Updated	Nov. 1, 2022
Clinical Trials	Revised	Nov. 1, 2022
Cochlear Implants	Revised	Nov. 1, 2022
Cosmetic and Reconstructive Procedures	Revised	Nov. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Nov. 1, 2022
Glaucoma Surgical Treatments	Revised	Nov. 1, 2022
Gynecomastia Surgery	Revised	Nov. 1, 2022
Hospital Services: Observation and Inpatient	New	Dec. 1, 2022
Hyperbaric Oxygen Therapy and Topical Oxygen Therapy	New	Dec. 1, 2022
Infertility Diagnosis, Treatment and Fertility Preservation	Revised	Nov. 1, 2022
Intensity Modulated Radiation Therapy	Revised	Aug. 1, 2022
Meniscus Implant and Allograft	Updated	Nov. 1, 2022

Policy Title	Status	Effective Date
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Revised	Nov. 1, 2022
Orthognathic (Jaw) Surgery	Revised	Nov. 1, 2022
Panniculectomy and Body Contouring Procedures	Revised	Nov. 1, 2022
Patient Lifts	Revised	Nov. 1, 2022
Pectus Deformity Repair	Revised	Nov. 1, 2022
Pediatric Gait Trainers and Standing Systems	Revised	Nov. 1, 2022
Preimplantation Genetic Testing and Related Services	Revised	Nov. 1, 2022
Speech Generating Devices	Revised	Nov. 1, 2022
Surgery of the Foot	Revised	Nov. 1, 2022
Surgery of the Hand or Wrist	Revised	Nov. 1, 2022
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Nov. 1, 2022
Thermography	Updated	Nov. 1, 2022
Walkers	Updated	Nov. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Drug Coverage Criteria - New and Therapeutic Equivalent Medications (for Oxford Only)	Revised	Oct. 1, 2022
Enjaymo™ (Sutimlimab-Jome)	Updated	Oct. 1, 2022
Hereditary Angioedema (HAE), Treatment and Prophylaxis	Updated	Sep. 1, 2022
Korsuva™ (Difelikefalin)	Updated	Oct. 1, 2022
Skyrizi® (Risankizumab-Rzaa)	New	Oct. 1, 2022
Tezspire® (Tezepelumab-Ekko)	Updated	Oct. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Oct. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Breast Repair/Reconstruction Not Following Mastectomy	Replaced	Nov. 1, 2022
Infertility Services	Replaced	Nov. 1, 2022
Infertility Services and Fertility Preservation for Iatrogenic Infertility	Replaced	Nov. 1, 2022
Preimplantation Genetic Testing (PGT) and Related Services	Replaced	Nov. 1, 2022
Transcutaneous Electrical Nerve/Joint Stimulators	Replaced	Nov. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Observation Services	Replaced	Dec. 1, 2022

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 > Policies and Protocols > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).