

UnitedHealthcare Medicare Advantage Policy Guideline 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](#).

Policy Guideline Updates

Policy Title	Status	Approval Date
Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)	Retired	Jul. 12, 2023
Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3)	Retired	Jul. 12, 2023
Category III CPT Codes	Updated	Jul. 12, 2023
Chiropractic Services	Retired	Jul. 12, 2023
Clinical Diagnostic Laboratory Services	Updated	Jul. 12, 2023
Cochlear Implantation (NCD 50.3)	Retired	Jul. 12, 2023
Computed Tomography (NCD 220.1)	Replaced	Jul. 12, 2023
Continuous Glucose Monitors	Retired	Jul. 12, 2023
Cytogenetic Studies (NCD 190.3)	Retired	Jul. 12, 2023
Dental Services	Retired	Jul. 12, 2023
Diagnostic Radiology Services	New	Jul. 12, 2023
Dimethyl Sulfoxide (DMSO) (NCD 230.12)	Retired	Jul. 12, 2023
Durable Medical Equipment Reference List	Retired	Jul. 12, 2023
Endothelial Cell Photography (NCD 80.8)	Retired	Jul. 12, 2023
Enteral and Parenteral Nutritional Therapy (Formerly NCD 180.2)	Retired	Jul. 12, 2023
Erythropoiesis Stimulating Agents (ESA)	Retired	Jul. 12, 2023
Facet Joint Interventions for Pain Management	Retired	Jul. 12, 2023
Home Blood Glucose Monitors (NCD 40.2)	Retired	Jul. 12, 2023
Home Use of Oxygen	Retired	Jul. 12, 2023
Hospital Beds (NCD 280.7)	Retired	Jul. 12, 2023
Incontinence Control Devices (NCD 230.10)	Retired	Jul. 12, 2023
Infusion Pumps (NCD 280.14)	Retired	Jul. 12, 2023
Intraocular Photography (NCD 80.6)	Retired	Jul. 12, 2023
KX Modifier	Retired	Jul. 12, 2023
Leadless Pacemakers (NCD 20.8.4)	Retired	Jul. 12, 2023
Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)	Retired	Jul. 12, 2023
Magnetic Resonance Imaging (NCD 220.2)	Replaced	Jul. 12, 2023
Mobility Devices (Ambulatory)	Retired	Jul. 12, 2023
Mobility Devices (Non-Ambulatory) and Accessories	Retired	Jul. 12, 2023

Policy Title	Status	Approval Date
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (NCD 200.3)	Retired	Jul. 12, 2023
Nebulizers	Retired	Jul. 12, 2023
Negative Pressure Wound Therapy Pumps	Retired	Jul. 12, 2023
Neuromuscular Electrical Stimulation (NMES)	Retired	Jul. 12, 2023
Osteogenic Stimulators (NCD 150.2)	Retired	Jul. 12, 2023
Partial Ventriculectomy (NCD 20.26)	Retired	Jul. 12, 2023
Podiatry	Retired	Jul. 12, 2023
Pressure Reducing Support Surfaces	Retired	Jul. 12, 2023
Sacral Nerve Stimulation for Urinary Incontinence (NCD 230.18)	Retired	Jul. 12, 2023
Scalp Hypothermia During Chemotherapy to Prevent Hair Loss (NCD 110.6)	Retired	Jul. 12, 2023
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)	Retired	Jul. 12, 2023
Sterilization (NCD 230.3)	Retired	Jul. 12, 2023
Thermal Intradiscal Procedures (TIPs) (NCD 150.11)	Retired	Jul. 12, 2023
Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)	Retired	Jul. 12, 2023
Transcatheter Mitral Valve Repair (TMVR) /Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (NCD 20.33)	Retired	Jul. 12, 2023
Tumor Treatment Field Therapy	Retired	Jul. 12, 2023
Ultrasound Diagnostic Procedures (NCD 220.5)	Replaced	Jul. 12, 2023
Urological Supplies	Retired	Jul. 12, 2023
Vagus Nerve Stimulation (VNS) (NCD 160.18)	Retired	Jul. 12, 2023
Ventricular Assist Devices (NCD 20.9.1)	Retired	Jul. 12, 2023

General Information

This bulletin provides a list of new, updated, revised, replaced and/or retired UnitedHealthcare Medicare Advantage Policy Guidelines to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted 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. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. 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.

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 Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medicare Advantage Policy Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

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 CMS, 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.

Policy Update Classifications

New

New coverage guidelines 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 coverage guidelines; however, items such as the definitions or references may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired



The complete library of UnitedHealthcare Medicare Advantage Policy Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).