

# UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: March 2024

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](#).

## Coverage Summary Updates

Approved for Immediate Implementation	
Policy Title	Status
Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements	Updated
Complementary and Alternative Medicine & Chiropractic Services	Updated
Dental Services, Oral Surgery, and Treatment of Temporomandibular Joint (TMJ)	Updated
Hospital, Emergency, and Ambulance Services	Updated
Medications/Drugs (Outpatient/Part B)	Revised
Neurologic Services and Procedures	Revised
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)	Updated
Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital	Revised

Approved for Future Implementation		
Policy Title	Status	Effective Date
Cardiovascular Diagnostic and Therapeutic Procedures	Revised	Apr. 1, 2024
Cosmetic and Reconstructive Procedures	Revised	Apr. 1, 2024
Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid	Revised	Apr. 1, 2024
Experimental Procedures and Items, Investigational Devices, and Clinical Trials	New	Apr. 1, 2024
Genetic Testing	Revised	Apr. 1, 2024
Glaucoma Surgical Treatments	Revised	Apr. 1, 2024
Joint Procedures	Revised	Apr. 1, 2024
Omnibus Codes	New	Apr. 1, 2024
Orthopedic Procedures, Devices, and Products	Revised	Apr. 1, 2024
Pain Management	Revised	Apr. 1, 2024
Radiation and Oncologic Procedures	Revised	Apr. 1, 2024
Radiologic Diagnostic Procedures	Revised	Apr. 1, 2024
Spine Procedures	Revised	Apr. 1, 2024
Urinary and Fecal Incontinence: Diagnosis and Treatment	Revised	Apr. 1, 2024

## General Information

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 changes to our Medicare Advantage Coverage Summaries. 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 Coverage Summaries is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Coverage Summaries](#).