# Policy Update Bulletin

UnitedHealthcare Medicare Advantage Coverage Summary Updates

## Take Note

### Annual CPT® and HCPCS Code Updates

The following Medicare Advantage Coverage Summaries have been modified to reflect the 2020 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions and deletions. Refer to the following sources for information on the 2020 code updates:


<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Approval Date</th>
<th>Summary of Changes</th>
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</thead>
<tbody>
<tr>
<td>Artificial Disc Replacement, Cervical and Lumbar</td>
<td>Nov. 19, 2019</td>
<td><strong>Guideline 2 [Cervical Artificial Disc (CPT codes 22856, 22858, 22861, 22864, 0095T, and 0098T)]</strong>&lt;br&gt;• Removed 0375T</td>
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<tr>
<td>Wound Treatments</td>
<td>Nov. 19, 2019</td>
<td><strong>Guideline 1 [Skin Substitutes (Attachment A)]</strong>&lt;br&gt;• Added Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, and Q4226</td>
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</tbody>
</table>
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 UnitedHealthcare Medicare Advantage Coverage Summary 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 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 because national and local coverage determinations from the Centers for Medicare and Medicaid Services (CMS) are no longer available or the applicable coverage guidelines are documented in another policy

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.