

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: January 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](#).

Take Note

Implementation Cancelled: Outpatient Surgical Procedures – Site of Service

As of **Jan. 1, 2024**, site of service medical necessity review will no longer be applied to Medicare Advantage plans for outpatient surgical procedures. Prior authorization reviews for medical necessity may apply.

The new UnitedHealthcare Medicare Advantage Coverage Summary titled *Outpatient Surgical Procedures – Site of Service* will not be implemented as previously announced.

Template Update: Instructions for Use

The following Medicare Advantage Coverage Summaries have been updated to reflect the most current *Instructions for Use*:

- [Blood, Blood Products, and Related Procedures](#)
- [Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements](#)
- [Complementary, Alternative Medicine, and Chiropractic Services](#)
- [Dental Services, Oral Surgery, and Treatment of Temporomandibular Joint \(TMJ\)](#)
- [Organ and Tissue Transplants](#)
- [Prostate Services and Procedures and Impotence Treatment](#)
- [Reproductive Services: Infertility, Family Planning, and Maternity Care](#)
- [Respiratory Services and Equipment](#)
- [Wound Treatments](#)

Coverage Summary Updates

Policy Title	Status	Approval Date
Diabetes Management, Equipment, and Supplies	Retired	Aug. 29, 2023
Genetic Testing	Revised	Dec. 13, 2023
Home Health Services, Home Health Visits, Respite Care, and Hospice Care	Revised	Dec. 13, 2023
Hospital, Emergency, and Ambulance Services	Revised	Oct. 30, 2023
Medications/Drugs (Outpatient/Part B)	Revised	Dec. 13, 2023
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)	Revised	Dec. 13, 2023
Radiation and Oncologic Procedures	Updated	Dec. 13, 2023
Radiologic Diagnostic Procedures	Revised	Dec. 13, 2023

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.

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 > Policies and Protocols > Medicare Advantage Policies > [Coverage Summaries](#).