


March 2021

policy update **bulletin**

UnitedHealthcare Medicare Advantage Policy Guideline Updates

Access a policy listed below for complete details on the latest updates. A 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 Title	Status	Approval Date
NEW		
Blood Product Molecular Antigen Typing	New	Feb. 10, 2021
UPDATED/REVISED		
Biofeedback Therapy (NCD 30.1)	Updated	Feb. 10, 2021
Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)	Updated	Feb. 10, 2021
Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)	Updated	Feb. 10, 2021
Bone (Mineral) Density Studies (NCD 150.3)	Revised	Feb. 10, 2021
Closed-Loop Blood Glucose Control Device (CBGCD) (NCD 40.3)	Updated	Feb. 10, 2021
Electrical Continence Aid (NCD 230.15)	Updated	Feb. 10, 2021
Home Blood Glucose Monitors (NCD 40.2)	Revised	Feb. 10, 2021
Insulin Syringe (NCD 40.4)	Updated	Feb. 10, 2021
Negative Pressure Wound Therapy Pumps	Revised	Feb. 10, 2021
Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)	Updated	Feb. 10, 2021
Porcine Skin and Gradient Pressure Dressings (NCD 270.5)	Revised	Feb. 10, 2021
Therapeutic Continuous Glucose Monitors	Updated	Feb. 10, 2021
Xofigo® Radioactive Therapeutic Agent	Updated	Feb. 10, 2021
RETIRED		
Transillumination Light Scanning or Diaphanography (NCD 30.9)		

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.

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.



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.