

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: February 2024

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Updated

Approved for Immediate Implementation

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Policy Title	Summary of Changes
Blepharoplasty and Related Procedures	Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information
Blood, Blood Products, and Related Procedures	Coverage Guidelines Apheresis (Therapeutic Pheresis) (CPT Code 36514) <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading
Hearing Services and Devices	Coverage Guidelines Hearing Examinations (CPT Codes 92590 and 92591) <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Surgically Implanted Auditory Devices Cochlear Implants and Auditory Brainstem Implants (CPT Code 69930 and HCPCS Codes L7510, L8614, and L8619) <ul style="list-style-type: none"> Added list of applicable CPT and HCPCS codes to service heading Osseointegrated Implants (CPT Codes 69710, 69714, and 69716 and HCPCS Codes L8690, L8691, and L8692) <ul style="list-style-type: none"> Added list of applicable CPT and HCPCS codes to service heading Hearing Aids and Auditory Implants that are Not Covered (HCPCS Codes V5030 and V5261) <ul style="list-style-type: none"> Added list of applicable HCPCS codes to service heading
Home Health Services, Home Health Visits, Respite Care, and Hospice Care	Coverage Guidelines Skilled Nursing Care (CPT Codes 99503 and 99505 and HCPCS Codes G0299, G0493, G0495, G0162, G0300, G0493, G0494, and G0496) <ul style="list-style-type: none"> Added list of applicable CPT and HCPCS codes to service heading Skilled Therapy Services (CPT Codes 97535 and 99601 and HCPCS Codes G0151, G0152, G0153, G0157, G0158, G0159, G0160, G0161, G0162, G2168, and G2169) <ul style="list-style-type: none"> Added list of applicable CPT and HCPCS codes to service heading Home Health Aides Services (CPT Code 99509 and HCPCS Code G0156) <ul style="list-style-type: none"> Added list of applicable CPT and HCPCS codes to service heading Medical Social Services (HCPCS Code G0155) <ul style="list-style-type: none"> Added list of applicable HCPCS codes to service heading Home Prothrombin Time/INR Monitoring (HCPCS Code G0249) <ul style="list-style-type: none"> Added list of applicable HCPCS codes to service heading

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Policy Title	Summary of Changes
Home Health Services, Home Health Visits, Respite Care, and Hospice Care (continued)	<p>Non-Covered Services</p> <ul style="list-style-type: none"> Added list of applicable HCPCS codes for dietary and nutrition personnel (G0270) <p>Hospice Services (HCPCS Codes G0156, G0157, G0158, and G0300)</p> <ul style="list-style-type: none"> Added list of applicable HCPCS codes to service heading
Sleep Apnea Diagnosis and Treatment	<p>Coverage Guidelines</p> <p>Surgical Treatment</p> <p>Other Surgical Treatments (CPT Codes 21685, 41512, 41599, and 42145)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading
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Policy Title	Summary of Changes
Cardiovascular Diagnostic and Therapeutic Procedures	<p>Coverage Guidelines</p> <p>Extremity Non-Invasive Vascular Duplex Scanning (CPT Codes 93925 and 93926) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for extremity non-invasive vascular duplex scanning Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular <p>Peripheral Vascular Angiography (CPT Codes 75710 and 75716) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for peripheral vascular angiography LCDs/LCAs exist and compliance with these policies is required where applicable; these LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/search.aspx For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular <p>Abdomen and Pelvis Angiography (CPT Codes 93976, 93978, and 93979) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for peripheral vascular angiography LCDs/LCAs exist and compliance with these policies is required where applicable; these LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/search.aspx

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Cardiovascular Diagnostic and Therapeutic Procedures (continued)	<ul style="list-style-type: none"> For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Abdomen and Pelvis <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Electrical and Ultrasonic Stimulators	<p>Coverage Guidelines</p> <p><i>Vagus Nerve Stimulation for Treatment of Chronic Pain Syndrome</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for implantable vagus nerve stimulation for the treatment of chronic pain syndrome Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Vagus and External Trigeminal Nerve Stimulation</i> <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of “Spinal Cord Stimulation” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Pain Management	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Pain Management and Rehabilitation</i> <p>Coverage Guidelines</p> <p><i>Radiofrequency Ablation of Intraosseous Basivertebral Nerve for Vertebrogenic Lower Back Pain (e.g., Intracept® System)</i> (CPT Codes 64628 and 64629) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for thermal destruction of intraosseous basivertebral nerve Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Ablative Treatment for Spinal Pain</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information

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Policy Title	Effective Date	Summary of Changes
Ear, Nose, and Throat Procedures	Mar. 1, 2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Nasal and Sinus Procedures</i> <p>Coverage Guidelines</p> <p>Septoplasty (CPT Code 30520)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Updated notation to clarify the <i>InterQual® criteria</i> referenced [in the policy] should be used for coverage guidelines if no Local Coverage Determination (LCD)/Local Coverage Articles (LCA) is found after checking the table [in the policy] and searching the Medicare Coverage Database <p>Rhinoplasty (CPT Codes 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30465)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p>Vestibular Stenosis Repair (CPT Code 30465)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p>Intranasal Repair (CPT Codes 30540, 30545, and 30620) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for intranasal repair; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> <p>Extensive Nasal Polypectomy (CPT Code 30115) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for extensive nasal polypectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Polypectomy, Nasal After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p>Nasal Septal Swell Body (NSB) Reduction (CPT Code 30117) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for nasal septal swell body (NSB) reduction; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p>Posterior Nasal Nerve Ablation (CPT Codes 31242, 31243, and 30999) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate:

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Ear, Nose, and Throat Procedures (continued)	Mar. 1, 2024	<ul style="list-style-type: none"> Medicare does not have a NCD for posterior nasal nerve ablation; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p>Repair of Nasal Valve Collapse with Radiofrequency (CPT Code 30469) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for repair of nasal valve collapse with radiofrequency; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Rhinoplasty and Other Nasal Procedures</i> <p>Turbinectomy (CPT Codes 30130 and 30140) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have an NCD for turbinectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Turbinectomy, Inferior, Partial After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p>Ethmoidectomy (CPT Code 31200) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for ethmoidectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Ethmoidectomy After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p>Rhinophototherapy (CPT Code 30999) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for rhinophototherapy; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> <p>Eustachian Tube Dilation (CPT Codes 69705, 69706, and 69799) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for eustachian tube dilation; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> <p>Lithotripsy for Salivary Stones (CPT Code 42699) (new to policy)</p> <ul style="list-style-type: none"> Added language [previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled

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Ear, Nose, and Throat Procedures (continued)	Mar. 1, 2024	<p><i>Gastroesophageal and Gastrointestinal (GI) Services and Procedures</i> to indicate:</p> <ul style="list-style-type: none"> Medicare does not have a NCD for lithotripsy for salivary stones; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Lithotripsy for Salivary Stones</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Mar. 1, 2024	<p>Coverage Guidelines</p> <p><i>Lithotripsy for Salivary Stones</i></p> <ul style="list-style-type: none"> Removed coverage guidelines (refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Ear, Nose, and Throat Procedures</i> for applicable information) <p><i>Per Oral Endoscopic Myotomy (POEM) (CPT Codes 43497 and 43499)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for per oral endoscopic myotomy; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia</i> <p><i>Rectal Sensation, Tone, and Compliance Test (CPT Code 91120)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for rectal sensation, tone, and compliance test; LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Gastrointestinal Motility Disorders, Diagnosis, and Treatment</i> <p><i>Modified Barium Swallow (MBS) (CPT Codes 74210, 74220, 74221, and 74230)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for barium studies LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Abdomen and Pelvis After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines

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Gastroesophageal and Gastrointestinal (GI) Services and Procedures (continued)	Mar. 1, 2024	Supporting Information <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Neurologic Services and Procedures	Mar. 1, 2024	Coverage Guidelines Neurologic Services and Procedures Vagus Nerve Stimulation for Treatment of Seizures (CPT Codes 61885, 61886, 64553, 64568, and 64570) <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Vagus Nerve Stimulation for Strokes (CPT Code 64568 and HCPCS Code C1827) (new to policy) <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for vagus nerve stimulation for strokes; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Vagus and External Trigeminal Nerve Stimulation</i> Non-Ambulatory (Standard) EEG Monitoring and Video Recording (CPT Codes 95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, and 95726) <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Electromyography (EMG) and Nerve Conduction Studies (CPT Codes 51784, 51785, 92265, 95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872, 95873, 95874, 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95933, 95937, and 95999) <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading Plagiocephaly and Craniosynostosis Treatment (HCPCS Codes L0112, L0113, and S1040) <ul style="list-style-type: none"> Added list of applicable HCPCS codes to service heading Motor Function Mapping Using Non-Invasive Navigated Transcranial Magnetic Stimulation (nTMS) (CPT Code 64999) (new to policy) <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS); LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Transcranial Magnetic</i>

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Neurologic Services and Procedures (continued)	Mar. 1, 2024	<p><i>Stimulation</i></p> <p>Neuropsychological Testing (CPT Codes 96116, 96121, 96132, 96133, 96136, 96137, 96138, 96139, and 96146)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p>Magnetoencephalography (MEG) (CPT Codes 95965, 95966, and 95967) (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for magnetoencephalography; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Imaging, Imaging, Brain After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines
Prostate Services and Procedures and Impotence Treatment	Mar. 1, 2024	<p>Coverage Guidelines</p> <p><i>Prostate Needle Biopsy (CPT Code 55700)</i> (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for prostate needle biopsy; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Biopsy, Prostate, Needle After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p><i>Prostatectomy, Transurethral (CPT Code 52601, 52630, and 52648)</i> (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for transurethral prostatectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Prostatectomy, Transurethral Resection After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p><i>Prostatectomy, Open (CPT Code 55801)</i> (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for prostatectomy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Prostatectomy, Open After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines

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Prostate Services and Procedures and Impotence Treatment (continued)	Mar. 1, 2024	<p>Prostate Brachytherapy (CPT Codes 55875 and 55876) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for prostate brachytherapy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Brachytherapy, Prostate After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines <p>Prostate Artery Embolization (CPT Code 37243) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for prostate artery embolization; LCDs/LCAs do not exist at this time For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Prostate Surgeries and Interventions</i> <p>Hydrocelectomy (CPT Codes 55040, 55041, 55060, and 55500) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for hydrocelectomy; LCDs/LCAs do not exist at this time For coverage guidelines, refer to the InterQual® CP: Procedures, Hydrocelectomy After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines
Respiratory Services and Equipment	Mar. 1, 2024	<p>Coverage Guidelines</p> <p>Bronchoscopy (CPT Code 31626) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for bronchoscopy; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Bronchoscopy After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines
Uterine Services and Procedures	Mar. 1, 2024	<p>Coverage Guidelines</p> <p>Uterine Artery Embolization for Treatment of Uterine Fibroids (CPT Codes 37243 and 37244)</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 37244 <p>Magnetic Resonance Imaging (MRI)-Guided Focused Ultrasound Ablation (CPT Codes 0071T and 0072T)</p> <ul style="list-style-type: none"> Removed language indicating magnetic resonance-guided focused ultrasound ablation (MRgFUS) is unproven and not medically necessary for treating uterine fibroids due to insufficient evidence of efficacy

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Uterine Services and Procedures (continued)	Mar. 1, 2024	<p>Hysterectomy (CPT Codes 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, and 58573)</p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p>Radical Hysterectomy (CPT Codes 58210, 58285, 58548, 58952, 58953, and 58954) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have National Coverage Determination (NCD) for radical hysterectomy; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Hysterectomy, Radical After searching the Medicare Coverage Database, if no LCD/LCA is found, then use InterQual® referenced above for coverage guidelines <p>Hysteroscopy, Diagnostic (CPT Codes 58120, 58555, 58558, 59160, 59812, 59820, 59821, 59830, 59840, 59841, 59851, and 59870) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for hysteroscopy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Hysteroscopy, + Dilatation and Curettage (D & C), Diagnostic After searching the Medicare Coverage Database, if no LCD/LCA is found, then use InterQual® referenced above for coverage guidelines <p>Hysteroscopy, Dilatation and Curettage (D&C) (CPT Codes 58558, 58559, 58560, 58561, 58562, 58563, and 58565) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for hysteroscopy; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Hysteroscopy, + Dilatation and Curettage (D & C), Diagnostic After searching the Medicare Coverage Database, if no LCD/LCA is found, then use InterQual® referenced above for coverage guidelines <p>Endometriosis Surgery (CPT Code 58662) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for endometriosis surgery; LCDs/LCAs do not exist

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Uterine Services and Procedures (continued)	Mar. 1, 2024	<ul style="list-style-type: none"> For coverage guidelines, refer to the InterQual® CP: Procedures, Ablation or Excision, Endometriosis, Laparoscopic After searching the Medicare Coverage Database, if no LCD/LCA is found, then use InterQual® referenced above for coverage guidelines <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Varicose Veins Treatment and Other Vein Embolization Procedures	Mar. 1, 2024	<p>Coverage Guidelines</p> <p>Stab Phlebectomy Less than 10 Incisions (CPT Code 37799) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for stab phlebectomy less than 10 incisions Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Vision Services	Mar. 1, 2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Vision Services, Therapy, and Rehabilitation</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Scanning computerized ophthalmic diagnostic imaging (SCODI)/scanning laser glaucoma tests (SLGT)/optical coherence test (OCT)/scanning laser polarimetry (CPT codes 92132, 92133, and 92134) Remote imaging to detect retinal disease (e.g., retinopathy in patients with diabetes) (CPT code 92227) Remote imaging to manage active retinal disease (e.g., diabetic retinopathy) (CPT code 92228) Computerized corneal topography (CPT code 92025) Corneal pachymetry (ophthalmic ultrasound) (CPT code 76514) <p>Corneal Collagen Cross-Linking (CPT Code 0402T and HCPCS Code J2787) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for corneal collagen cross-linking; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Corneal Collagen Cross-</i>

Coverage Summary Updates

Revised		
Approved for Future Implementation		
Policy Title	Effective Date	Summary of Changes
Vision Services (continued)	Mar. 1, 2024	<p><i>Linking</i></p> <p>Photocoagulation, Focal Laser (CPT Codes 67105, 67107, 67145, 67210, 67220, and 67228) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for photocoagulation, focal laser; LCDs/LCAs do not exist For coverage guidelines, refer to the InterQual® CP: Procedures, Photocoagulation, Focal Laser After searching the Medicare Coverage Database, if no LCD/LCA is found, then use InterQual® referenced above for coverage guidelines <p>Implantable Miniature Telescope (IMT) (CPT Codes 0308T, 0378T, 0379T, 67036, 67299 and HCPCS Code C1840)</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 0378T, 0379T, 67036, and 67299 <p>Home Visual Field Monitoring (CPT Codes 0378T and 0379T) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for home visual field monitoring; LCDs/LCAs do not exist at this time For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Macular Degeneration Treatment Procedures</i> <p>Placement of Intraocular Radiation Source Applicator (CPT Codes 63036, 67299, and 92499) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for placement of intraocular radiation source applicator; LCDs/LCAs do not exist at this time For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Macular Degeneration Treatment Procedures</i>
Wound Treatments	Mar. 1, 2024	<p>Coverage Guidelines</p> <p>Ablative Laser Treatment for Wounds (CPT Code 17999) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for ablative laser treatment for wounds; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i>

General Information

The inclusion of a health service (e.g., test, drug, device, or procedure) in this bulletin indicates only that UnitedHealthcare is adopting 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. 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](#).