

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: July 2022

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

Policy Title	Status	Approval Date
Cardiovascular Diagnostic and Therapeutic Procedures	Revised	Jun. 1, 2022
Carotid Procedures and Testing	Replaced	Jun. 1, 2022
Cochleostomy with Neurovascular Transplant for Meniere's Disease	Retired	Jun. 1, 2022
Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest	Replaced	Jun. 1, 2022
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies	Updated	Jun. 1, 2022
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Revised	Jun. 1, 2022
Educational Programs	Replaced	Jun. 1, 2022
Evaluation and Management Services	Retired	Jun. 1, 2022
Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery	Retired	Jun. 1, 2022
Fabric Wrapping of Abdominal Aneurysms	Retired	Jun. 1, 2022
Family Planning (Birth Control)	Replaced	Jun. 1, 2022
Genetic Testing	Revised	Jun. 1, 2022
Infertility Services	Replaced	Jun. 1, 2022
Medications/Drugs (Outpatient/Part B)	Revised	Jun. 1, 2022
Osteogenic Stimulators	Replaced	Jun. 1, 2022
Physician Services	Revised	Jun. 1, 2022
Radiologic Diagnostic Procedures	Revised	Jun. 1, 2022
Rehabilitation: Cardiac Rehabilitation Services (Outpatient)	Revised	Jun. 1, 2022
Renal Services and Procedures	Retired	Jun. 1, 2022
Reproductive Services: Infertility, Family Planning and Maternity Care	Revised	Jun. 1, 2022
Second and Third Opinions	Replaced	Jun. 1, 2022
Stimulators: Electrical, Osteogenic and Ultrasonic	Revised	Jun. 1, 2022
Thermogenic Therapy	Retired	Jun. 1, 2022
Transcatheter Heart Valve Procedures	Revised	Jun. 1, 2022

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 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



The complete library of UnitedHealthcare Medicare Advantage Coverage Summaries is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > [Coverage Summaries](#).