

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

## Take Note

### Medicare Advantage: Site of Service Expansion for Outpatient Surgical Procedures

Effective May 1, 2022, the list of [CPT/HCPCS Codes](#) for outpatient surgical procedures requiring site of service medical necessity review for Medicare Advantage Plans will be updated to include: 0191T, 15823, 36903, 36904, 36905, 36906, 44388, 44389, 44391, 44408, 45330, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45393, 62270, 62321, 62322, 62323, 64405, 64418, 64483, 64490, 64493, 64510, 64633, 64635, 65855, 66180, 66183, 66982, 66984, 67036, 67040, 67041, 67042, 67108, 67113, 67145, 67210, 67228, 67900, 67904, 67917, G0105, and G0121.

Refer to the following for additional information:

- UnitedHealthcare Network News article titled [Medicare and DSNP: Prior authorization and site of service expansion](#) (Nov. 1, 2021)
- UnitedHealthcare Commercial Utilization Review Guideline titled [Outpatient Surgical Procedures – Site of Service](#) (effective May 1, 2022)
- UnitedHealthcare Medicare Advantage Coverage Summary titled [Hospital Services \(Inpatient and Outpatient\)](#)

## Coverage Summary Updates

Policy Title	Status	Approval Date
Cardiovascular Diagnostic Procedures	Revised	Feb. 15, 2022
Diabetes Management, Equipment and Supplies	Updated	Feb. 15, 2022
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid	Revised	Feb. 15, 2022
Electrical and Spinal Cord Stimulators	Revised	Feb. 15, 2022
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Revised	Feb. 15, 2022
Genetic Testing	Revised	Feb. 15, 2022
Medications/Drugs (Outpatient/Part B)	Revised	Feb. 15, 2022
Mental Health Services and Procedures	Revised	Feb. 15, 2022
Nasal and Sinus Procedures	Revised	Feb. 15, 2022
Neurologic Services and Procedures	Updated	Feb. 15, 2022
Non-Covered Services (Including Services/Complications Related to Non-Covered Services)	Updated	Feb. 15, 2022
Oxygen for Home Use	Updated	Feb. 15, 2022
Physician Services	Revised	Feb. 15, 2022
Sleep Apnea Diagnosis and Treatment	Updated	Feb. 15, 2022
Telemedicine/Telehealth Services	Updated	Feb. 15, 2022
Urinary and Fecal Incontinence, Diagnosis and Treatments	Revised	Feb. 15, 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](https://UHCprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Coverage Summaries](#).