

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: March 2023

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Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Spine Procedures	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Spinal Decompression and Interspinous Process Decompression Systems for the Treatment of Lumbar Spinal Stenosis [e.g., Interspinous Process Decompression (IPD)] (CPT Codes 22867, 22868, 22869, and 22870)</i></p> <ul style="list-style-type: none"> Modified content heading; removed “Minimally Invasive Lumbar Decompression (mild®)” from list of examples of spinal decompression procedures <p>Lumbar Artificial Disc</p> <p>For Members Age 60 and Younger (CPT Codes 22857, 22860, 22862, and 0165T)</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes: <ul style="list-style-type: none"> Added 22860 Removed 0163T
Revised		
Policy Title	Approval Date	Summary of Changes
Cardiovascular Diagnostic and Therapeutic Procedures	Feb. 1, 2023	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing lower extremity vascular angiography
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Speech Generating Device</i></p> <ul style="list-style-type: none"> Added instruction to refer to the: <ul style="list-style-type: none"> National Coverage Determination (NCD) for <i>Speech Generating Devices (NCD 50.1)</i> for additional coverage and coding information Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) for <i>Speech Generating Devices (SGD) (L33739)</i>; compliance with these policies is required where appropriate Removed instruction to refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Speech Generating Devices</i>
Medications/Drugs (Outpatient/Part B)	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Other Examples of Specific Drugs/Medications</i></p> <ul style="list-style-type: none"> Added coverage guidelines for Briumvi™ (ublituximab-xiyy) to indicate Review at Launch (RAL) guidelines apply

Coverage Summary Updates

Revised		
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Oxygen for Home Use	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Coverage Criteria for Oxygen and Oxygen Equipment</i></p> <ul style="list-style-type: none"> Removed language pertaining to the Centers for Medicare & Medicaid Services (CMS) Decision Memo addressing the National Coverage Determination (NCD) for <i>Home Use of Oxygen (NCD 240.2)</i> <p><i>Home Oxygen Use to Treat Cluster Headaches (CH)</i></p> <ul style="list-style-type: none"> Added reference link to the Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) for <i>Oxygen and Oxygen Equipment (L33797)</i> Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i>
Physician Services	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Home or Residence Services</i> (previously titled Home Services)</p> <p>Requirement for Physician Presence in Place of Service (POS) 12 (Home)</p> <ul style="list-style-type: none"> Added language to clarify CPT codes 99341-99350 <i>with POS 12</i> are paid when they are billed to report evaluation and management services provided in a private residence Added instruction to refer to the Medicare Claims Processing Manual, Chapter 1, §10.1.1 - Payment Jurisdiction among A/B MACs (Part B) for Services for additional information on billing with POS 12 <p>Homebound Status</p> <ul style="list-style-type: none"> Added language to clarify the beneficiary does not need to be confined to the home for home services provided by a physician using CPT codes 99341-99350 <i>with POS 12</i> <p><i>Critical Care Visits and Neonatal Intensive Care</i></p> <ul style="list-style-type: none"> Removed reference link to the <i>Medicare Learning Network (MLN) Matters # 5993 Critical Care Visits and Neonatal Intensive Care</i> <p>Definitions</p> <ul style="list-style-type: none"> Updated definition of “Critical Care”
Preventive Health Services and Procedures	Feb. 1, 2023	<p>Coverage Guidelines</p> <p><i>Colorectal Cancer</i></p> <p>Fecal Occult Blood Test, Flexible Sigmoidoscopy, Colonoscopy and Barium Enema</p> <ul style="list-style-type: none"> Revised coverage criteria for colorectal screening tests/procedures for the early detection of colorectal cancer; replaced criterion requiring “[the patient is] aged 50 and older and at a normal risk of developing colorectal cancer” with “[the patient is] aged 45 and older and at a normal risk of developing colorectal cancer”

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Telemedicine/Telehealth Services	Feb. 1, 2023	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Revised language pertaining to COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities: <ul style="list-style-type: none"> Added notation to indicate: <ul style="list-style-type: none"> The Secretary of Health and Human Services declared on Jan. 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home Under the waiver, limitations on where Medicare patients are eligible for telehealth will be removed during the emergency In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting Mar. 6, 2020 This waiver will end 151 days after the conclusion of the PHE Updated list of applicable Coronavirus Waivers/Flexibilities: <ul style="list-style-type: none"> Added reference link to: <ul style="list-style-type: none"> COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers Medicare Telehealth Frequently Asked Questions Long-Term Care Nursing Homes Telehealth and Telemedicine Toolkit End-Stage Renal Disease (ESRD) Provider Telehealth and Telemedicine Toolkit HHS Telehealth Guidance & Information Removed reference link to: <ul style="list-style-type: none"> Medicare Telemedicine Healthcare Provider Fact Sheet Centers for Medicare & Medicaid Services (CMS) Comprehensive List of Coronavirus Waivers & Flexibilities
Retired		
<p>The following Coverage Summary has been retired effective Feb. 1, 2023:</p> <ul style="list-style-type: none"> Speech Generating Devices 		

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



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