

# UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: May 2021

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

### New Look for UnitedHealthcare Medicare Advantage Coverage Summaries

On May 1, 2021, we refreshed the look of the UnitedHealthcare Medicare Advantage Coverage Summaries. Unless otherwise announced, there has been no change to policy content/guidelines as a result of the new look.

## Coverage Summary Updates

Policy Title	Status	Approval Date
Brachytherapy Procedures	Revised	Apr. 20, 2021
Breast Reconstruction Following Mastectomy	Updated	Apr. 20, 2021
Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest	Revised	Apr. 20, 2021
Cosmetic and Reconstructive Procedures	Updated	Apr. 20, 2021
Diabetes Management, Equipment and Supplies	Revised	Apr. 20, 2021
Gastrointestinal (GI) Services and Procedures	Revised	Apr. 20, 2021
Genetic Testing	Revised	Apr. 20, 2021
Hospital Services (Inpatient and Outpatient)	Updated	Apr. 20, 2021
Joints and Joint Procedures	Revised	Apr. 20, 2021
Medications/Drugs (Outpatient/Part B)	Revised	Apr. 20, 2021
Mobility Assistive Equipment (MAE)	Revised	Apr. 20, 2021
Nasal and Sinus Procedures	Revised	Apr. 20, 2021
Observation Care (Outpatient Hospital)	Updated	Apr. 20, 2021
Pain Management and Pain Rehabilitation	Revised	Apr. 20, 2021
Radiologic Diagnostic Procedures	Revised	Apr. 20, 2021

## 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](#).