

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: May 2022

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Coverage Summary Updates

Take Note

InterQual® 2022 Clinical Criteria: Apr. 2022 Release

Effective May 1, 2022, the following Medicare Advantage Coverage Summaries have been updated to reflect the applicable InterQual® clinical criteria reference(s) associated with the Apr. 2022 Release:

- Gastroesophageal and Gastrointestinal (GI) Services and Procedures
- Home Health Services, Home Health Visits and Respite Care
- Nasal and Sinus Procedures

Updated

Policy Title	Approval Date	Summary of Changes
Breast Reconstruction Following Mastectomy	Apr. 19, 2022	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 reference links
Cosmetic and Reconstructive Procedures	Apr. 19, 2022	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 reference links
Diabetes Management, Equipment and Supplies	Apr. 19, 2022	Coverage Guidelines <i>External Continuous Subcutaneous Insulin Infusion (CSII) Pump (HCPSC code E0784)</i> <ul style="list-style-type: none"> • Removed notations pertaining to non-covered devices 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 reference links

Revised

Policy Title	Approval Date	Summary of Changes
Medications/Drugs (Outpatient/Part B)	Apr. 19, 2022	Coverage Guidelines <i>Other Examples of Specific Drugs/Medications</i> Aduhelm™ (Aducanumab-Avwa) <ul style="list-style-type: none"> • Added reference link to the Centers for Medicare & Medicaid (CMS) Final Decision Memo for <i>Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (CAG-00460N)</i> • Added instruction to refer to the Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> for payment rules for National Coverage Determinations (NCDs) requiring Coverage with Evidence Development (CED) • Added language to indicate <i>Review at Launch (RAL)</i> guidelines apply

Coverage Summary Updates

Revised		
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Medications/Drugs (Outpatient/Part B) (continued)	Apr. 19, 2022	<p>Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors</p> <ul style="list-style-type: none"> Updated list of applicable drugs/medications; added: <ul style="list-style-type: none"> Byooviz™ (Ranibizumab-Nuna) Susvimo™ (Ranibizumab Injection) Vabysmo™ (Faricimab-Svoa) <p>Korsuva™ (Difelikefalin)</p> <ul style="list-style-type: none"> Added language to indicate <i>Review at Launch (RAL)</i> guidelines apply <p>Leqvio® (Inclisiran)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Leqvio® (Inclisiran)</i> for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <p>Tezspire™ (Tezepelumab-Ekko)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Tezspire™ (Tezepelumab-Ekko)</i> for states/territories with no LCDs/LCAs <p>Vabysmo™ (Faricimab-Svoa)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors</i> for states/territories with no LCDs/LCAs <p>Vyvgart™ (Efgartigimod)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Vyvgart™ (Efgartigimod Alfa-Fcab)</i> for states/territories with no LCDs/LCAs <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links
Mobility Assistive Equipment (MAE)	Apr. 19, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the Medicare Advantage Policy Guideline titled <i>Knee Orthoses</i> <p>Coverage Guidelines</p> <p>Power Mobility Devices (PMDs)</p> <ul style="list-style-type: none"> Revised language to indicate power wheelchairs and power operated vehicles (also known POVs or scooters) are collectively identified as PMDs and are covered when criteria are met <p>Face-to-Face Encounter</p> <ul style="list-style-type: none"> Modified content heading; previously titled <i>Face-To-Face Examination</i> Revised language to indicate: <ul style="list-style-type: none"> As a condition for payment, the <i>Code of Federal Regulations (CFR) Title 42, § 410.38</i> and Centers for Medicare &

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Policy Title	Approval Date	Summary of Changes
Mobility Assistive Equipment (MAE) (continued)	Apr. 19, 2022	<p>Medicaid Services (CMS) 1713-F, <i>Federal Register</i>, Vol. 84, No. 217, <i>Final Rule</i> require that a treating practitioner have a face-to-face encounter with a beneficiary within the six (6) months prior to prescribing items that appear on the required list</p> <ul style="list-style-type: none"> The face-to-face encounter must support payment for the item(s) ordered/prescribed, and be documented in the pertinent portion of the medical record (for example, history, physical examination, diagnostic tests, summary of findings, progress notes, treatment plans or other sources of information that may be appropriate); the supporting documentation must include subjective and objective beneficiary specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered This face-to-face requirement also includes examinations conducted via the CMS-approved use of telehealth examinations, which must meet the requirements of <i>Title 42, CFR §§ 410.78 and 414.65</i> for purposes of DMEPOS coverage <p><i>Option of Purchasing Power-Driven Wheelchairs (removed)</i></p> <ul style="list-style-type: none"> Removed content/language addressing the option of purchasing power-driven wheelchairs
Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits	Apr. 19, 2022	<p>Coverage Guidelines</p> <p><i>Medicare SNF Coverage Guidelines Under PPS - Covered Services Under Part A</i></p> <ul style="list-style-type: none"> Revised list of services not covered under Medicare Part A; added “certain blood clotting factors”
Wound Treatments	Apr. 19, 2022	<p>Coverage Guidelines</p> <p><i>Skin Substitutes (Non-Porcine Based)</i></p> <ul style="list-style-type: none"> Modified content heading; previously titled <i>Skin Substitutes</i> <p><i>Skin Substitutes (Porcine Based) (HCPCS codes A2001, A2004, A2008, A2010, A2013, Q4102, Q4103, Q4118, Q4124, Q4130, Q4135, Q4136, Q4142, Q4166, Q4175, Q4195, Q4196, Q4197, and Q4203)</i></p> <ul style="list-style-type: none"> Added coverage guidelines to indicate: <ul style="list-style-type: none"> Porcine based skin substitutes may be covered when criteria are met; refer to the National Coverage Determination (NCD) for <i>Porcine Skin and Gradient Pressure Dressings (270.5)</i> Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links

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.



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

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