

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: February 2024

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### Policy Guideline Updates

#### Updated

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## Policy Guideline Updates

| Updated                                      |               |  |
|--|---------------|--|
| Policy Title                                 | Approval Date | Summary of Changes   |
| Biomarkers in Cardiovascular Risk Assessment | Jan. 10, 2024 | <p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul>  |
| Blood Product Molecular Antigen Typing       | Jan. 10, 2024 | <p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul>  |
| Clinical Diagnostic Laboratory Services      | Jan. 10, 2024 | <p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)</i></li> </ul> <p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"> <li>Added 0019M, 0083U, 0105U, 0248U, 0404U, 0406U, 0407U, 0408U, 0412U, 0414U, 0415U, 0418U, 81535, 81536, and 89240</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>0019M, 0083U, 0105U, 0248U, 0404U, 0406U, 0407U, 0408U, 0412U, 0414U, 0415U, 0418U, 81535, 81536, and 89240 are “not covered when submitted with a screening diagnosis”</li> <li>0014M was “deleted Jan. 1, 2024”</li> <li>0066U was deleted Oct. 1, 2023”</li> </ul> </li> <li>Removed 0370U, 0371U, 0372U, 0374U, 0378U, 0380U, and 0386U</li> </ul> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> |

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| Clinical Diagnostic Laboratory Services<br>(continued)           | Jan. 10, 2024 | <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>  |
| Diagnostic Radiology Services                                    | Jan. 10, 2024 | <b>Applicable Codes</b><br><b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul> |
| Genetic Testing for Hereditary Cancer                            | Jan. 10, 2024 | <b>Applicable Codes</b><br><b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul> |
| Molecular Diagnostic Infectious Disease Testing                  | Jan. 10, 2024 | <b>Applicable Codes</b><br><b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul> |
| Molecular Pathology/Genetic Testing Reported with Unlisted Codes | Jan. 10, 2024 | <b>Applicable Codes</b><br><b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>Z59.1 was “deleted Mar. 31, 2023”</li> <li>Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul> |
| Molecular Pathology/Molecular Diagnostics/Genetic Testing        | Jan. 10, 2024 | <b>Applicable Codes</b><br><b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>Added notation to indicate:</li> </ul>  |

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| Molecular Pathology/Molecular Diagnostics/Genetic Testing<br>(continued) | Jan. 10, 2024 | <ul style="list-style-type: none"> <li>○ Z59.1 was “deleted Mar. 31, 2023”</li> <li>○ Z83.71 was “deleted Sep. 30, 2023”</li> </ul>  |
| Percutaneous Ventricular Assist Device                                   | Jan. 10, 2024 | <p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>● Added notation to I5A, I50.1, I50.20, I50.22, I50.30, I50.31, I50.32, I50.33, I50.40, I50.42, I50.84, I50.9, I51.4, I51.9, I97.0, I97.710, and I97.711 were “deleted Nov. 1, 2023”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> </ul> |
| Pharmacogenomics Testing   | Jan. 10, 2024 | <p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>● Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>● Added notation to indicate: <ul style="list-style-type: none"> <li>○ Z59.1 was “deleted Mar. 31, 2023”</li> <li>○ Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul>  |
| Tier 2 Molecular Pathology Procedures                                    | Jan. 10, 2024 | <p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>● Added Z11.52, Z58.81, Z58.89, Z59.10, Z59.11, Z59.12, Z59.19, Z83.710, Z83.711, Z83.718, and Z83.719</li> <li>● Added notation to indicate: <ul style="list-style-type: none"> <li>○ Z59.1 was “deleted Mar. 31, 2023”</li> <li>○ Z83.71 was “deleted Sep. 30, 2023”</li> </ul> </li> </ul>  |

## General Information

This bulletin provides a list of new, updated, revised, replaced, and/or retired UnitedHealthcare Medicare Advantage Policy Guidelines to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). 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 Policy Guideline 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



The complete library of UnitedHealthcare Medicare Advantage Policy Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).