

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: July 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](#).

## Policy Guideline Updates

Policy Title	Status	Approval Date
Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)	Retired	Jun. 8, 2022
Avastin® (Bevacizumab)	Revised	Jun. 8, 2022
Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) (NCD 20.16)	Retired	Jun. 8, 2022
Cardiac Pacemaker Evaluation Services (NCD 20.8.1)	Retired	Jun. 8, 2022
Carotid Body Resection/Carotid Body Denervation (NCD 20.18)	Retired	Jun. 8, 2022
Challenge Ingestion Food Testing (NCD 110.12)	Retired	Jun. 8, 2022
Cochleostomy with Neurovascular Transplant for Meniere's Disease (NCD 50.7)	Retired	Jun. 8, 2022
Collagen Meniscus Implant (NCD 150.12)	Retired	Jun. 8, 2022
Colonic Irrigation (NCD 100.7)	Retired	Jun. 8, 2022
Continuous Glucose Monitoring	Revised	Jun. 8, 2022
Counseling to Prevent Tobacco Use (NCD 210.4.1)	Retired	Jun. 8, 2022
Dental Examination Prior to Kidney Transplantation (NCD 260.6)	Retired	Jun. 8, 2022
Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (NCD 250.5)	Retired	Jun. 8, 2022
Diabetes Outpatient Self-Management Training (NCD 40.1)	Retired	Jun. 8, 2022
Diagnostic Pap Smears (NCD 190.2)	Retired	Jun. 8, 2022
Displacement Cardiography (NCD 20.24)	Retired	Jun. 8, 2022
Electrical Continence Aid (NCD 230.15)	Retired	Jun. 8, 2022
Electrical Nerve Stimulators (NCD 160.7)	Retired	Jun. 8, 2022
Electrocardiographic Services (NCD 20.15)	Retired	Jun. 8, 2022
Erythropoiesis Stimulating Agents (ESA)	Revised	Jun. 8, 2022
Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (NCD 110.21)	Replaced	Jun. 8, 2022
Facet Joint Interventions for Pain Management	Updated	Jun. 8, 2022
Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management (NCD 190.11)	Retired	Jun. 8, 2022
Insulin Syringe (NCD 40.4)	Retired	Jun. 8, 2022
Intensive Behavioral Therapy for Cardiovascular Disease (NCD 210.11)	Retired	Jun. 8, 2022
Islet Cell Transplantation in the Context of a Clinical Trial (NCD 260.3.1)	Retired	Jun. 8, 2022
Knee Orthoses	Updated	Jun. 8, 2022

Policy Title	Status	Approval Date
Low Frequency, Non-Contact, Non-Thermal Ultrasound	Retired	Jun. 8, 2022
Lucentis® (Ranibizumab)	Revised	Jun. 8, 2022
Lung Volume Reduction Surgery (NCD 240.1)	Retired	Jun. 8, 2022
Mammograms (NCD 220.4)	Retired	Jun. 8, 2022
Manipulation (NCD 150.1)	Retired	Jun. 8, 2022
Microvolt T-Wave Alternans (MTWA) (NCD 20.30)	Retired	Jun. 8, 2022
Nebulizers	Revised	Jun. 8, 2022
Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)	Replaced	Jun. 8, 2022
Outpatient Intravenous Insulin Treatment (NCD 40.7)	Retired	Jun. 8, 2022
Pancreas Transplants (NCD 260.3)	Retired	Jun. 8, 2022
Photodynamic Therapy	Revised	Jun. 8, 2022
Photosensitive Drugs (NCD 80.3)	Replaced	Jun. 8, 2022
Plethysmography (NCD 20.14)	Retired	Jun. 8, 2022
Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (NCD 150.7)	Retired	Jun. 8, 2022
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)	Retired	Jun. 8, 2022
Screening for the Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)	Retired	Jun. 8, 2022
Sykes Hernia Control (NCD 280.12)	Retired	Jun. 8, 2022
Testosterone Pellets (Testopel®)	Revised	Jun. 8, 2022
Transcendental Meditation (NCD 30.5)	Retired	Jun. 8, 2022
Transfer Factor for Treatment of Multiple Sclerosis (NCD 160.20)	Retired	Jun. 8, 2022
Transtelephonic Monitoring of Cardiac Pacemakers (NCD 20.8.1.1)	Retired	Jun. 8, 2022
Vertebral Axial Decompression (VAX-D) (NCD 160.16)	Retired	Jun. 8, 2022
Verteporfin (NCD 80.3.1)	Replaced	Jun. 8, 2022
Vitrectomy (NCD 80.11)	Retired	Jun. 8, 2022

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