

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

Policy Guideline Updates

| Policy Title | Status | Approval Date |
|--|---------|---------------|
| Acupuncture (NCD 30.3) | Updated | May 12, 2021 |
| Acupuncture for Fibromyalgia (NCD 30.3.1) | Updated | May 12, 2021 |
| Acupuncture for Osteoarthritis (NCD 30.3.2) | Updated | May 12, 2021 |
| Blepharoplasty, Blepharoptosis, and Brow Lift | Updated | May 12, 2021 |
| Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1) | Revised | May 12, 2021 |
| Computed Tomography (NCD 220.1) | Updated | May 12, 2021 |
| Cosmetic and Reconstructive Services and Procedures | Revised | May 12, 2021 |
| Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (NCD 160.24) | Updated | May 12, 2021 |
| Eylea® (Aflibercept) | Updated | May 12, 2021 |
| Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9) | Updated | May 12, 2021 |
| Hydrophilic Contact Lens for Corneal Bandage (NCD 80.1) | Updated | May 12, 2021 |
| Hydrophilic Contact Lenses (NCD 80.4) | Revised | May 12, 2021 |
| Implantable Automatic Defibrillators (NCD 20.4) | Updated | May 12, 2021 |
| Intensive Cardiac Rehabilitation (ICR) Programs (NCD 20.31) | Revised | May 12, 2021 |
| Intraocular Photography (NCD 80.6) | Updated | May 12, 2021 |
| Intravenous Immune Globulin (IVIG) | Updated | May 12, 2021 |
| Magnetic Resonance Imaging (NCD 220.2) | Updated | May 12, 2021 |
| Molecular Pathology/Molecular Diagnostics/Genetic Testing | Updated | May 12, 2021 |
| Pressure Reducing Support Surfaces | Updated | May 12, 2021 |
| Screening for Cervical Cancer with Human Papillomavirus (HPV) (NCD 210.2.1) | Revised | May 12, 2021 |
| Therapeutic Continuous Glucose Monitors | Revised | May 12, 2021 |
| Transcatheter Mitral Valve Repair (TMVR) (NCD 20.33) | Updated | May 12, 2021 |
| Urological Supplies | Revised | May 12, 2021 |

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 > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).