

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: November 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
Ambulatory EEG Monitoring (NCD 160.22)	Updated	Oct. 13, 2021
Aprepitant for Chemotherapy-Induced Emesis (NCD 110.18)	Updated	Oct. 13, 2021
Biomarkers in Cardiovascular Risk Assessment	Updated	Oct. 13, 2021
Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)	Revised	Oct. 13, 2021
Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) (NCD 20.16)	Updated	Oct. 13, 2021
Chimeric Antigen Receptor (CAR) T-cell Therapy (NCD 110.24)	Updated	Oct. 13, 2021
Clinical Diagnostic Laboratory Services	Updated	Oct. 13, 2021
Colorectal Cancer Screening Tests (NCD 210.3)	Revised	Oct. 13, 2021
Coverage of Drugs and Biologicals for Label and Off-Label Uses	Revised	Oct. 13, 2021
Diagnostic Pap Smears (NCD 190.2)	Updated	Oct. 13, 2021
Dimethyl Sulfoxide (DMSO) (NCD 230.12)	Updated	Oct. 13, 2021
Displacement Cardiography (NCD 20.24)	Updated	Oct. 13, 2021
Hyperthermia for Treatment of Cancer (NCD 110.1)	Retired	Oct. 13, 2021
Intravenous Histamine Therapy (NCD 30.6)	Updated	Oct. 13, 2021
L-Dopa (NCD 160.17)	Revised	Oct. 13, 2021
Long Term EEG Monitoring	Updated	Oct. 13, 2021
Molecular Diagnostic Infectious Disease Testing	Updated	Oct. 13, 2021
Percutaneous Minimally Invasive Fusion	Updated	Oct. 13, 2021
Podiatry	Updated	Oct. 13, 2021
Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (NCD 210.2)	Updated	Oct. 13, 2021
Self-Administered Drug(s) (SAD)	Updated	Oct. 13, 2021
Spinal Cord Stimulators for Chronic Pain	Updated	Oct. 13, 2021
Transcatheter Mitral Valve Repair (TMVR)/Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (NCD 20.33)	Revised	Oct. 13, 2021
Ventricular Assist Devices (NCD 20.9.1)	Updated	Oct. 13, 2021
Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot (NCD 150.6)	Revised	Oct. 13, 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](https://UHCprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).