

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: October 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
Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)	Revised	Sep. 8, 2021
Camptosar® (Irinotecan)	Updated	Sep. 8, 2021
Category III CPT Codes	Revised	Sep. 8, 2021
Corneal Topography	Updated	Sep. 8, 2021
Eloxatin® (Oxaliplatin)	Updated	Sep. 8, 2021
Enteral and Parenteral Nutritional Therapy (NCD 180.2)	Revised	Sep. 8, 2021
Erbitux® (Cetuximab)	Updated	Sep. 8, 2021
Halaven® (Eribulin Mesylate)	Revised	Sep. 8, 2021
Hemophilia Clotting Factors	Updated	Sep. 8, 2021
Home Health Nurses' Visits to Patients Requiring Heparin Injection (NCD 290.2)	Retired	Sep. 8, 2021
Infusion Pumps (NCD 280.14)	Updated	Sep. 8, 2021
Intravenous Iron Therapy (NCD 110.10)	Revised	Sep. 8, 2021
Jevtana® (Cabazitaxel)	Revised	Sep. 8, 2021
Nesiritide for Treatment of Heart Failure Patients (NCD 200.1)	Retired	Sep. 8, 2021
Phrenic Nerve Stimulator (NCD 160.19)	Updated	Sep. 8, 2021
Posturography	Revised	Sep. 8, 2021
Prosthetic Shoe (NCD 280.10)	Revised	Sep. 8, 2021
Xgeva®, Prolia® (Denosumab)	Revised	Sep. 8, 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](#).