

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: August 2022

In This Issue

Coverage Summary Updates

Page

Updated

- Glaucoma Surgical Treatments 2
- Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation 2
- Complementary and Alternative Medicine 2
- Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid 3
- Gastroesophageal and Gastrointestinal (GI) Services and Procedures 6
- Hearing Services and Devices 6
- Joints and Joint Procedures 11
- Medications/Drugs (Outpatient/Part B) 11
- Mental Health Services and Procedures 12
- Preventive Health Services and Procedures 12
- Prostate: Services and Procedures 13
- Radiation and Oncologic Procedures 13
- Speech Generating Devices 14
- Spine Procedures 14

Replaced

- Hearing Aids, Auditory Implants and Related Procedures 14

Retired

- Laser Procedures 15
- Percutaneous Transluminal Angioplasty and Stenting 15
- Skin Treatment, Services and Procedures 15
- Transmyocardial Revascularization (TMR) 15
- Ventriculectomy, Partial 15

Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Glaucoma Surgical Treatments	Jul. 6, 2022	<p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links
Revised		
Policy Title	Approval Date	Summary of Changes
Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this Coverage Summary are for specific procedures only; for procedures not addressed in this Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report <p>Rehabilitation</p> <p><i>Covered Rehabilitation Services</i></p> <ul style="list-style-type: none"> Revised list of examples of covered rehabilitation services; added: <ul style="list-style-type: none"> Opioid use disorder (OUD) treatment services at Medicare approved opioid treatment programs (OTPs) <ul style="list-style-type: none"> Refer to the <i>Medicare Learning Network (MLN) Matters® # N8296732 Opioid Treatment Programs (OTPs) Medicare Billing & Payment Booklet</i> A Part D drug is defined, in part, as “a drug that may be dispensed only upon a prescription” Methadone is not a Part D drug when used for treatment of opioid dependence because it cannot be dispensed for this purpose upon a prescription at a retail pharmacy; methadone is a Part D drug when indicated for pain <p><i>Non-Covered Detoxification and Rehabilitation Services</i></p> <ul style="list-style-type: none"> Revised list of examples of non-covered detoxification and rehabilitation services; removed language pertaining to methadone maintenance for the treatment of opioid dependence
Complementary and Alternative Medicine	Jul. 6, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled: <ul style="list-style-type: none"> <i>Acupuncture (NCD 30.3)</i> <i>Colonic Irrigation (NCD 100.7)</i> <i>Transcendental Meditation (NCD 30.5)</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this Coverage Summary are for specific procedures only; for procedures

Coverage Summary Updates

Revised		
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Complementary and Alternative Medicine (continued)	Jul. 6, 2022	<p>not addressed in this Coverage Summary, refer to the following websites to search for applicable coverage policies:</p> <ul style="list-style-type: none"> ○ Medicare Coverage Database ○ National Coverage NCD Report ○ Local Coverage Final LCDs Report <ul style="list-style-type: none"> ● Removed content/language addressing: <ul style="list-style-type: none"> ○ Cellular therapy ○ Colonic irrigation ○ Transcendental meditation (TM) <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Jul. 6, 2022	<p>Coverage Guidelines</p> <p><i>Alternating Pressure Pads and Mattress (Pressure Reducing Support Surfaces)</i></p> <ul style="list-style-type: none"> ● Reorganized/consolidated language to indicate: <ul style="list-style-type: none"> ○ Refer to the <i>Face-to-Face Encounter Requirement</i> ○ Coverage criteria apply; refer to the National Coverage Determination (NCD) for <i>Durable Medical Equipment Reference List (280.1)</i> <ul style="list-style-type: none"> ▪ Group 1 (Gel Flotation Devices, Lamb’s Wool Pads/Sheep Skins, Egg Crate Mattress); refer to the DME Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) for <i>Pressure Reducing Support Surfaces – Group 1 (L33830)</i> ▪ Group 2 (Low Air Loss or Powered Flotation without Low Air Loss); refer to the DME MAC LCD for <i>Pressure Reducing Support Surfaces – Group 2 (L33642)</i> ▪ Group 3 [Air-Fluidized Bed (Bead Bed), e.g., Clinitron]; refer to the: <ul style="list-style-type: none"> – NCD for <i>Air-Fluidized Bed (280.8)</i> – DME MAC LCD for <i>Pressure Reducing Support Surfaces – Group 3 (L33692)</i> <p><i>Ankle-Foot Orthosis (AFO)/Knee-Ankle-Foot Orthosis (KAFO)</i></p> <ul style="list-style-type: none"> ● Reorganized/consolidated language to indicate: <ul style="list-style-type: none"> ○ Refer to the <i>Face-to-Face Encounter Requirement</i> ○ Coverage criteria apply; refer to the DME MAC LCD for <i>Ankle-Foot/Knee-Ankle-Foot Orthoses (L33686)</i> ○ A foot drop splint/recumbent positioning device and replacement interface will be denied as not medically necessary in a patient with foot drop who is non-ambulatory because there are other more appropriate treatment modalities

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid (continued)	Jul. 6, 2022	<p><i>Other Non-Covered Items</i></p> <ul style="list-style-type: none"> • Reorganized/consolidated list of examples of non-covered items (not primarily medical in nature, do not meet the definition of DME, and/or are personal comfort items); added instruction to refer to the: <ul style="list-style-type: none"> ○ NCD for <i>Durable Medical Equipment Reference List (280.1)</i> for: <ul style="list-style-type: none"> ▪ Air cleaner/purifier (electric air cleaner) ▪ Air conditioner ▪ Bathroom, bathtub, or toilet lifts ▪ Bed baths (home type) ▪ Bed board ▪ Bed lifter (bed elevator) ▪ Braille teaching text ▪ Carafes ▪ Commode - elevated seat (raised toilet seat) ▪ Dehumidifier (room or central heating system type) ▪ Electrostatic machines ▪ Elevators ▪ Emesis basin ▪ Esophageal dilator ▪ Exercise equipment (e.g., barbells, all types of tricycles) ▪ Grab bars (for bath and toilet) ▪ Heat and Massage Foam Cushion Pads ▪ Heater (portable room heater) ▪ Heating and cooling plants ▪ Injectors (hypodermic jet pressure powered injectors) ▪ Leotard (pressure garment) ▪ Massage devices ▪ Parallel bars ▪ Pulse tachometer ▪ Sauna baths ▪ Stair lift/stair elevator ▪ Shower/bathtub seat ▪ Speech teaching machines ▪ Standing tables/standing frame system (includes easy stand, tilt stand and mobile stander)

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid (continued)	Jul. 6, 2022	<ul style="list-style-type: none"> ▪ Telephone alert system ▪ Toilet seat, elevated bidet ▪ Treadmill exerciser ○ <i>Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of DME and §110.1(B)(2) – Equipment Presumptively Non-Medical</i> for: <ul style="list-style-type: none"> ▪ Back Support (posture chair) ▪ Bed wetting alarm ▪ Breast pump (electric or manual) ▪ Commode - chair footrest ▪ Gait belt ▪ Spirometer ▪ Vitrectomy face support (positioning pillow) ▪ Wig/hairpiece ○ <i>Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items</i> for: <ul style="list-style-type: none"> ▪ Jacuzzi ▪ Personal or comfort items ▪ Telephone arms/cradle ▪ Transfer bench (for tub or toilet) ▪ Vehicle/trunk modification ▪ Walk-in bathtub/showers <p><i>Porcine (Pig) Skin Dressings</i></p> <ul style="list-style-type: none"> • Revised language to indicate coverage criteria apply; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Wound Treatments</i> <p><i>Walkers</i></p> <ul style="list-style-type: none"> • Reorganized/consolidated language to indicate: <ul style="list-style-type: none"> ○ Coverage criteria apply; refer to the: <ul style="list-style-type: none"> ▪ DME MAC LCD for <i>Walkers (L33791)</i> ▪ NCD for <i>Mobility Assistive Equipment (MAE) (280.3)</i> ○ Walker with basket is not covered; refer to the: <ul style="list-style-type: none"> ▪ <i>Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items</i> ▪ UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Mobility Assistive Equipment (MAE)</i>

Coverage Summary Updates

Revised		
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Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report Removed content/language addressing: <ul style="list-style-type: none"> Diagnostic breath analysis Esophageal manometry Gastric freezing Twenty-four (24) hour ambulatory esophageal pH monitoring Colonic irrigation Injection sclerotherapy for esophageal variceal bleeding Gastrophotography Laparoscopic cholecystectomy <p><i>Wireless Capsule Endoscopy (CPT codes 91110 and 91111)</i></p> <ul style="list-style-type: none"> Updated language pertaining to the diagnosis of esophageal varices for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); added instruction to refer to the InterQual® CP: Procedures, Capsule Endoscopy with individual consideration <i>review by a Medical Director</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links
Hearing Services and Devices	Jul. 6, 2022	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Hearing Screening and Audiologist Services</i> <p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled: <ul style="list-style-type: none"> <i>Cochlear Implantation (NCD 50.3)</i> <i>Ultrasonic Surgery (NCD 50.8)</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i>) to indicate: <ul style="list-style-type: none"> Cochlear implantation, hearing aids and auditory implants are covered in accordance with Medicare coverage

Coverage Summary Updates

Revised		
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Hearing Services and Devices (continued)	Jul. 6, 2022	<ul style="list-style-type: none"> ○ criteria ○ Some members have supplemental benefit for hearing aids; refer to the member’s Evidence of Coverage (EOC) to determine coverage eligibility for the supplemental hearing aid benefit ● Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> ○ Medicare Coverage Database ○ National Coverage NCD Report ○ Local Coverage Final LCDs Report ● Removed content/language addressing: <ul style="list-style-type: none"> ○ Ultrasonic ablative surgery ○ Oxygen to treat hearing loss <p><i>Hearing Examinations</i></p> <ul style="list-style-type: none"> ● Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i> (retired) <p><i>Surgically Implanted Auditory Devices</i></p> <ul style="list-style-type: none"> ● Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i>) to indicate surgically implanted auditory devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve are covered as prosthetics only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery <p><i>Cochlear Implants and Auditory Brainstem Implants</i></p> <ul style="list-style-type: none"> ● Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i>) to indicate: <ul style="list-style-type: none"> ○ Cochlear implants and auditory brainstem implants (i.e., devices that replace the function of cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays) are covered when one of the following is met: <ul style="list-style-type: none"> ▪ Bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification [defined by test scores of less than or equal to 40% correct in the best-aided listening condition on tape-recorded tests of open-set sentence cognition] for members who meet all of the following selection guidelines: <ul style="list-style-type: none"> – Diagnosis of bilateral moderate-to-profound sensorineural hearing impairment that cannot be intensified with the appropriate hearing (or vibrotactile) aids

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Hearing Services and Devices (continued)	Jul. 6, 2022	<ul style="list-style-type: none"> - Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation - Freedom from middle ear infection, the cochlear opening is able to accommodate the implant, and freedom from tumors or lesions in the auditory nerve and acoustic areas of the central nervous system - No contraindications to surgery - The device must be used in accordance with the Food and Drug Administration (FDA) approved labeling; see the following FDA websites for a current list of indications for each device: <ul style="list-style-type: none"> • http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm • http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm ▪ Member meeting the selection guidelines above and hearing test scores of greater than 40% and less than or equal to 60% only when the provider is participating in, and patients are enrolled in, either an FDA-approved category B investigational device exemption clinical trial as defined at <i>42 CFR 405.201</i>, a trial under the Centers for Medicare and Medicaid (CMS) Clinical Trial Policy as defined at <i>Section 310.1 of the National Coverage Determinations (NCD) Manual</i>, or a prospective, controlled comparative trial approved by CMS as consistent with the evidentiary requirements for National Coverage Analyses and meeting specific quality standards <ul style="list-style-type: none"> - The list of Medicare approved clinical trials is available at http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Cochlear-Implantation.html - For payment rules for NCDs requiring Coverage with Evidence Development (CED), see the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> ○ Added reference link to the: <ul style="list-style-type: none"> ▪ NCD for <i>Cochlear Implantation (50.3)</i> ▪ <i>Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants</i> ○ Added notation to indicate: <ul style="list-style-type: none"> ▪ Patients return to the implanting center after 4 to 5 weeks of post-surgery healing to have their speech processor programmed ▪ The patient’s age, cognitive skills, and length of deafness are among the factors considered during device programming, which entails selection and fitting of the processing strategy that will be used to translate acoustic stimuli into the electric impulses that will stimulate the auditory nerve ▪ The number of visits needed to accomplish optimum device performance will be influenced by such patient factors as age, previous auditory experience and ability to participate actively in the task ▪ Long-term audiologic follow-up is also necessary as responses to nerve stimulation may change over time

Coverage Summary Updates

Revised		
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Hearing Services and Devices (continued)	Jul. 6, 2022	<ul style="list-style-type: none"> ▪ Refer to the CMS Decision Memo for <i>Cochlear Implantation (CAG-00107N)</i> ○ Added instruction to refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies</i> (see section titled <i>Repairs, Maintenance, and Replacement</i>) <p>Osseointegrated Implants</p> <ul style="list-style-type: none"> ● Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i>) to indicate: <ul style="list-style-type: none"> ○ Osseointegrated implants (i.e., devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer are covered ○ The device must be used in accordance with the FDA approved labeling; refer to the following FDA websites for a current list of indications for each device: <ul style="list-style-type: none"> ▪ http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm ▪ http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm ○ Example includes: <ul style="list-style-type: none"> ▪ Bone anchored hearing aid (BAHA) in accordance with the FDA approved indications; based on the <i>FDA 510(k) Summary for BAHA</i> available at http://www.accessdata.fda.gov/cdrh_docs/pdf8/K080363.pdf <ul style="list-style-type: none"> – The Baha Cordelle II sound processor is intended for use with the Baha auditory osseointegrated implant for the following patients and indications: <ul style="list-style-type: none"> ● Patients who have a conductive or mixed hearing loss and can still benefit from sound amplification; the pure tone average bone-conduction hearing threshold (measured at 0.5, 1, 2, and 3 kHz) should be better than or equal to 65 dB HL ● Bilateral fitting of the Cordelle II is intended for patients who meet the above criterion in both ears, with bilaterally symmetric moderate to severe conductive or mixed hearing loss; symmetrical bone-conduction thresholds are defined as less than a 10 dB average difference between ears (measured at 0.5, 1, 2, and 3 kHz), or less than a 15 dB difference at individual frequencies ● Patients who suffer from unilateral sensorineural deafness in one ear with normal hearing in the other ear (i.e., single-sided deafness or "SSD"); normal hearing is defined as a pure tone average air-conduction hearing threshold (measured at 0.5, 1, 2, and 3 kHz) of better than or equal to 20 dB HL ● Baha for SSD is also indicated for any patient who is indicated for an air-conduction contralateral routing of signals (AC CROS) hearing aid, but who for some reason cannot or will not use an AC CROS ○ Added instruction to refer to the: <ul style="list-style-type: none"> ▪ UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Durable Medical Equipment, Prosthetics,</i>

Coverage Summary Updates

Revised		
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Hearing Services and Devices (continued)	Jul. 6, 2022	<p><i>Corrective Appliances/Orthotics and Medical Supplies</i> (see section titled <i>Repairs, Maintenance, and Replacement</i>)</p> <ul style="list-style-type: none"> ▪ <i>Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants</i> <p><i>Hearing Aids and Auditory Implants that are Not Covered</i></p> <ul style="list-style-type: none"> • Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Aids, Auditory Implants and Related Procedures</i>) to indicate: <ul style="list-style-type: none"> ○ Hearing aids and auditory implants that do not meet the criteria in the <i>Surgically Implanted Auditory Devices</i> section [of the policy] are not covered ○ Some members have supplemental benefit for hearing aids; refer to the member’s EOC to determine coverage eligibility for the supplemental hearing aid benefit ○ Hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids are not covered ○ <i>Section 1862(a)(7) of the Social Security Act</i> states that no payment may be made under part A or part B for any expenses incurred for items or services “where such expenses are for ... hearing aids or examinations therefore...”; this policy is further reiterated at <i>42 CFR 411.15(d)</i> which specifically states that “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids” are excluded from coverage ○ Hearing aids are amplifying devices that compensate for impaired hearing ○ Hearing aids include air conduction devices that provide acoustic energy to the cochlea via stimulation of the tympanic membrane with amplified sound; they also include bone conduction devices that provide mechanical energy to the cochlea via stimulation of the scalp with amplified mechanical vibration or by direct contact with the tympanic membrane or middle ear ossicles (refer to the <i>Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants</i>) ○ Examples of hearing aids and auditory implants that are not covered include, but are not limited to: <ul style="list-style-type: none"> ▪ Totally Implanted Hearing Systems such as the Esteem® Implantable Hearing System <ul style="list-style-type: none"> – Medicare does not have a NCD for <i>totally implanted hearing systems</i> – Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time – For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Hearing Aids and Devices including Wearable, Bone-Anchored and Semi-Implantable</i> ▪ Cochlear Hybrid Implants <ul style="list-style-type: none"> – Medicare does not have a NCD for <i>cochlear hybrid implants</i> – LCDs/LCAs do not exist at this time – For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cochlear Implants</i>

Coverage Summary Updates

Revised		
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Joints and Joint Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report Removed content/language addressing arthroscopic lavage and debridement for osteoarthritis of the knee
Medications/Drugs (Outpatient/Part B)	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report <p>Medications/Drugs Covered Under Part B</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> L-Dopa Dimethyl Sulfoxide (DMSO) <p>Medications/Drugs Not Covered</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Nesiritide for heart failure Laetrile Outpatient L-Dopa <p>Other Examples of Specific Drugs/Medications</p> <p>Amvuttra™ (Vutrisiran)</p> <ul style="list-style-type: none"> Added language to indicate <i>Review at Launch</i> (RAL) guidelines apply <p>Antiemetics for Oncology</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug policy titled <i>Antiemetics for Oncology</i> for states with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <p>Bevacizumab</p> <ul style="list-style-type: none"> Updated list of applicable drugs/medications; added Alymsys® (bevacizumab-maly)

Coverage Summary Updates

Revised		
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Medications/Drugs (Outpatient/Part B) (continued)	Jul. 6, 2022	<p>Colony Stimulating Factors (Short Acting)</p> <ul style="list-style-type: none"> Updated list of applicable drugs/medications; added Releuko® (filgrastim-ayow) <p>Enjaymo™ (Sutimlimab-Jome)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug policy titled <i>Enjaymo™</i> (Sutimlimab-Jome) for states with no LCDs/LCAs <p>Intravenous Iron Therapy for Dialysis Patients</p> <ul style="list-style-type: none"> Revised language to indicate LCDs/LCAs exist and compliance with these policies is required where applicable Removed default guidelines for states/territories with no LCDs/LCAs <p>Korsuva™ (Difelikefalin)</p> <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug policy titled <i>Korsuva™</i> (<i>Difelikefalin</i>) for states with no LCDs/LCAs <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links
Mental Health Services and Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report Removed content/language addressing: <ul style="list-style-type: none"> Hemodialysis for schizophrenia Multiple seizure electroconvulsive therapy <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links
Preventive Health Services and Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <p><i>Additional Medicare Covered Preventive Services and Screening</i></p> <ul style="list-style-type: none"> Reorganized/consolidated language; added instruction to refer to the Medicare Learning Network (MLN) Preventive Services Educational Tool for coverage guidelines for the following services: <ul style="list-style-type: none"> Alcohol Screening and Behavioral Counseling Intervention in Primary Care to Reduce Alcohol Misuse Prostate Cancer Screening (PSA blood test and digital rectal exam)

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Preventive Health Services and Procedures (continued)	Jul. 6, 2022	<ul style="list-style-type: none"> ○ Depression Screening in Adults ○ Human Immunodeficiency Virus (HIV) Screening ○ Intensive Behavioral Therapy for Cardiovascular Disease ○ Intensive Behavioral Therapy for Obesity ○ Sexually Transmitted Infections (STIs) Screening and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs ○ Tobacco-Use Cessation Counseling ○ Screening for Hepatitis C Virus (HCV) ○ Screening for Hepatitis B Virus (HBV) Infection <p><i>Cancer Screenings</i></p> <p>Lung Cancer [Low Dose Computed Tomography (LDCT)]</p> <ul style="list-style-type: none"> ● Removed notation pertaining to the Centers for Medicare & Medicaid Services (CMS) Decision Memo for <i>Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)</i> (dated Feb. 10, 2022)
Prostate: Services and Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> ○ Medicare Coverage Database ○ National Coverage NCD Report ○ Local Coverage Final LCDs Report ● Removed content/language addressing cryosurgery of prostate <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of “Cryosurgery of the Prostate Gland”
Radiation and Oncologic Procedures	Jul. 6, 2022	<p>Title Change</p> <ul style="list-style-type: none"> ● Previously titled <i>Radiologic Therapeutic Procedures</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> ○ Medicare Coverage Database ○ National Coverage NCD Report ○ Local Coverage Final LCDs Report ● Removed content/language addressing local hyperthermia

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Radiation and Oncologic Procedures (continued)	Jul. 6, 2022	<p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links
Speech Generating Devices	Jul. 6, 2022	<p>Coverage Guidelines</p> <p><i>Non-Covered Devices, Modifications, and Services</i></p> <ul style="list-style-type: none"> Revised list of non-covered devices/services (do not meet the definition of a Speech Generating Device); added: <ul style="list-style-type: none"> Speech teaching machines; refer to the National Coverage Determination (NCD) for <i>Durable Medical Equipment Reference List (280.1)</i>
Spine Procedures	Jul. 6, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Replaced references to “FDA approval information” with “FDA information” <p><i>Spinal Decompression and Interspinous Process Decompression Systems for the Treatment of Lumbar Spinal Stenosis [e.g., Interspinous Process Decompression (IPD), Minimally Invasive Lumbar Decompression (mild®)] (CPT codes 22867, 22868, 22869, and 22870)</i></p> <ul style="list-style-type: none"> Revised list of examples of IPD devices; added: <ul style="list-style-type: none"> Vertiflex™ Indirect Decompression System (CPT codes 22869 and 22870) <ul style="list-style-type: none"> The Vertiflex™ (Superion®) device is a one-piece implant that requires no assembly in situ; it consists of an implant body, within which resides the actuation mechanism, and two Cam Lobes or “wings” which, when deployed, rotate away from the axis of the implant body to encompass the lateral aspects of the superior and inferior spinous processes FDA information for Vertiflex™ (Superion®) is available at https://www.accessdata.fda.gov/cdrh_docs/pdf14/P140004b.pdf <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links
Replaced		
Policy Title	Approval Date	Summary of Changes
Hearing Aids, Auditory Implants and Related Procedures	Jul. 6, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Hearing Screening and Audiologist Services</i>

Coverage Summary Updates

Retired

The following Coverage Summaries have been retired effective Jul. 6, 2022:

- Laser Procedures
- Percutaneous Transluminal Angioplasty and Stenting
- Skin Treatment, Services and Procedures
- Transmyocardial Revascularization (TMR)
- Ventriculectomy, Partial
- Vertebral Artery Surgery

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting 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. 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 Coverage Summary 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.



The complete library of UnitedHealthcare Medicare Advantage Coverage Summaries is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > [Coverage Summaries](#).

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