

# UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: August 2023

## In This Issue

### Coverage Summary Updates

#### Updated

- Complementary and Alternative Medicine..... 2
- Glaucoma Surgical Treatments..... 2

#### Revised

- Allergy Testing and Allergy Immunotherapy..... 2
- Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)..... 2
- Laboratory Tests and Services ..... 2
- Medications/Drugs (Outpatient/Part B)..... 3
- Prostate Services and Procedures and Impotence Treatment ..... 3
- Telemedicine/Telehealth Services ..... 3
- Wound Treatments..... 3

Page

## Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Complementary and Alternative Medicine	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Updated notation pertaining to coverage policies for procedures not addressed in this Coverage Summary; removed reference link to the:               <ul style="list-style-type: none"> <li>National Coverage NCD Report</li> <li>Local Coverage Final LCDs Report</li> </ul> </li> </ul>
Glaucoma Surgical Treatments	Jul. 12, 2023	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>
Revised		
Policy Title	Approval Date	Summary of Changes
Allergy Testing and Allergy Immunotherapy	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing routine radioallergosorbent test (RAST)</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>
Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Updated notation pertaining to coverage policies for procedures not addressed in this Coverage Summary; removed reference link to the:               <ul style="list-style-type: none"> <li>National Coverage NCD Report</li> <li>Local Coverage Final LCDs Report</li> </ul> </li> <li>Removed content/language addressing insertion of metallic implants</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Removed definition of “Dental Implant”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>
Laboratory Tests and Services	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing B-type natriuretic peptide (BNP) measurements</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>

## Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Medications/Drugs (Outpatient/Part B)	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <p><b>Other Examples of Specific Drugs/Medications</b></p> <ul style="list-style-type: none"> <li>Added coverage guidelines for <b>Eleidins® (Delandistrogene Moxeparvec-Rokl)</b>, <b>Roctavian™ (Valoctocogene Roxaparvec-Rvox)</b>, <b>Rystiggo® (Rozanolixizumab-Noli)</b>, and <b>Vyvgart® Hytrulo (Efgartigimod Alfa and Hyaluronidase-Qvfc)</b> to indicate a pre-service review [Review at Launch (RAL)] is required</li> <li>Revised coverage guidelines for <b>Qalsody™ (Tofersen)</b>; added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Qalsody™ (Tofersen)</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>
Prostate Services and Procedures and Impotence Treatment	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing fluid jet system for treatment of benign prostatic hyperplasia (BPH)</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>
Telemedicine/Telehealth Services	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <p><b>Skin Substitutes (Non-Porcine Based)</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs) to clarify: <ul style="list-style-type: none"> <li><b>For the states of Kentucky (KY) and Ohio (OH)</b>, refer to the CGS LCD for <i>Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities (L36690)</i></li> <li><b>For the states of Arizona (AR), Colorado (CO), District of Columbia (DC), Delaware (DE), Louisiana (LA), Maryland (MD), Mississippi (MS), New Jersey (NJ), New Mexico (NM), Oklahoma (OK), Pennsylvania (PA), and Texas (TX)</b>, refer to the Novitas LCD for <i>Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)</i></li> <li><b>For the states/territories of Florida (FL), Puerto Rico (PR), and Virgin Islands (VI)</b>, refer to the First Coast LCD for <i>Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities (L36377)</i></li> </ul> </li> </ul>
Wound Treatments	Jul. 12, 2023	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing B-type natriuretic peptide (BNP) measurements</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information</li> </ul>

## 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.

### 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



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