UnitedHealthcare Medicare Advantage

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Coverage Summary Update Bulletin: December 2022

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Updated

Policy Title	Approval Date	Summary of Changes

Positron Emission Tomography (PET)/Combined PET-CT (Computed Tomography)	Nov. 2, 2022	**Coverage Guidelines**
		• Updated language pertaining to National Coverage Determination (NCD) availability for positron emission tomography (PET):
		  ○ Added reference link to the *Centers for Medicare & Medicaid (CMS) Manual System, Pub. 100-02 Medicare Benefit Policy Transmittal 11426 dated May 20, 2022*
		  ○ Removed reference link to the *CMS Manual System, Pub. 100-3 Medicare National Coverage Determinations, Transmittal 11272 dated Feb. 18, 2022*
		Positron Emission Tomography (PET) for Other Specific Indications
		• Updated language pertaining to the NCD for *Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer (220.6.19)*:
		  ○ Removed reference link to the list of Medicare approved clinical trials
		  ○ Removed instruction to refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Experimental Procedures and Items, Investigational Devices, and Clinical Trials* for payment rules for NCDs requiring CED

Radiation and Oncologic Procedures	Nov. 2, 2022	**Coverage Guidelines** ***Proton Beam Therapy (PBT) (CPT codes 77520, 77522, 77523 and 77525)*** • Updated language pertaining to coverage guidelines for to states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to clarify *individual consideration [will be provided] by a Medical Director* for the listed diagnoses ***Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT) (CPT codes 77371, 77372, 77373, G0339 and G0340)*** • Updated language pertaining to coverage guidelines for to states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to clarify *individual consideration [will be provided] by a Medical Director* for the listed diagnoses

Revised

Policy Title	Approval Date	Summary of Changes
Hospital Services (Outpatient, Observation, and Inpatient)	Nov. 2, 2022	**Title Change** • Previously titled *Hospital Services (Inpatient and Outpatient)* **Coverage Guidelines** • Added language to indicate hospital observation services are covered when Medicare criteria are met ***Outpatient Observation Services*** • Added language [previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled

Coverage Summary Updates

Revised		
Policy Title	**Approval Date**	**Summary of Changes**
Hospital Services (Outpatient, Observation, and Inpatient) (continued)	Nov. 2, 2022	*Observation Care (Outpatient Hospital)*] to indicate: ○ Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital; observation services are commonly ordered for patients who present to the emergency department and who then require a significant period of treatment or monitoring in order to plan, concerning their admission or discharge ○ Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or to order outpatient tests ▪ In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours ▪ In only rare and exceptional cases do reasonable and necessary outpatient observation services span more than 48 hours ○ Hospitals may bill for patients who are “direct referrals” to observation ▪ A “direct referral” occurs when a physician in the community refers a patient to the hospital for observation, bypassing the clinic or emergency department (ED) ▪ Effective for services furnished on or after Jan. 1, 2003, hospitals may bill for patients directly referred for observation services ○ When a physician orders that a patient receive observation care, the patient’s status is that of an outpatient ▪ The purpose of observation is to determine the need for further treatment or for inpatient admission; thus, a patient receiving observation services may improve and be released or be admitted as an inpatient ○ All hospital observation services, regardless of the duration of the observation care, that are medically reasonable and necessary are covered ○ Refer to the *Medicare Benefit Policy Manual, Chapter 6, §20.6 - Outpatient Observation Services* ○ Notes: ▪ For more detailed observation care services definitions/clinical criteria and guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled *Hospital Services: Observation and Inpatient* ▪ For coverage to be appropriate for an inpatient admission, the patient must demonstrate signs and/or symptoms severe enough to warrant the need for medical care and must receive services of such intensity that they can be furnished safely and effectively only on an inpatient basis; refer to the *Quality Improvement Organization Manual, Chapter 4, §4110 - Admission/Discharge Review* ▪ Copayment or coinsurance may apply as either emergency room services or observation; check member’s Evidence of Coverage/Schedule of Benefits document

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<table>
<tr><th colspan="3">Revised</th></tr>
<tr><th>Policy Title</th><th>Approval Date</th><th>Summary of Changes</th></tr>
<tr><td>Hospital Services (Outpatient, Observation, and Inpatient)
(continued)</td><td>Nov. 2, 2022</td><td>
For billing and coding guidelines, refer to the Medicare Claims Processing Manual, Chapter 4, §290 - Observation Services
Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable
Examples of Non-Covered Services
Examples of non-covered services include:
Services that are not reasonable and necessary for the diagnosis or treatment of the member; refer to the Medicare Benefit Policy Manual, Chapter 6, §10.1 – Reasonable and Necessary Part A Hospital Inpatient Claim Denials
Services that are covered under Part A, such as a medically appropriate inpatient admission, or services that are part of another Part B service, such as postoperative monitoring during a standard recovery period (e.g., 4-6 hours), which should be billed as recovery room services
Similarly, in the case of patients who undergo diagnostic testing in a hospital outpatient department, routine preparation services furnished prior to the testing and recovery afterwards are included in the payment for those diagnostic services
Observation should not be billed concurrently with therapeutic services such as chemotherapy; refer to the Medicare Claims Processing Manual, Chapter 4, §290.2.2 – Reporting Hours of Observation
Standing orders for observation following outpatient surgery; refer to the Medicare Claims Processing Manual, Chapter 4, §290.2.2 – Reporting Hours of Observation
</td></tr>
<tr><td>Medications/Drugs (Outpatient/Part B)</td><td>Nov. 2, 2022</td><td>
Coverage Guidelines
Step Therapy Program
Revised coverage guidelines for medical injectables; replaced language indicating “preferred therapies do not require prior authorization” with “preferred therapies may not require prior authorization”
Maximum Dosage and Frequency (new to policy)
Added language to indicate:
Most medications have a maximum dosage and frequency based upon body surface area or patient weight or a set maximal dosage and frequency independent of patient body size
A medication is subject to maximum dosage and frequency when it is listed in the Other Examples of Specific Drugs/Medications table in the Supporting Information section of the policy and a notation to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Maximum Dosage and Frequency is provided in the “Maximum Dosage and Frequency” column
Any Local Coverage Determination (LCD)/Local Coverage Article (LCA) maximum dosage and frequency criteria would be applicable, if available
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<tr><td>Medications/Drugs (Outpatient/Part B) (continued)</td><td>Nov. 2, 2022</td><td>Other Examples of Specific Drugs/Medications
• Added language to indicate the following medications are subject to maximum dosage and frequency guidelines (refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Maximum Dosage and Frequency for details):
○ Denosumab
○ Xgeva®
○ Prolia®
○ Entyvio® (vedolizumab)
○ Infliximab
○ Avsola™ (infliximab-axxq)
○ Inflectra® (infliximab-dyyb)
○ Infliximab
○ Remicade® (infliximab)
○ Renflexis® (infliximab-abda)</td></tr>
<tr><td>Varicose Veins Treatment and Other Vein Embolization Procedures</td><td>Nov. 2, 2022</td><td>Coverage Guidelines
Sclerotherapy (CPT codes 36465, 36466, 36468, 36470, and 36471)
• Consolidated and revised language addressing compression sclerotherapy to indicate:
○ Medicare does not have a National Coverage Determination (NCD) for compression sclerotherapy
○ Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the list of available LCDs/LCAs for sclerotherapy in the Supporting Information section of the policy
Coding Clarification
○ It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered; when billing for non-covered services, use the appropriate modifier
○ The sclerosant used in sclerotherapy procedures is included in the procedure code and is not separately reported
○ Liquid sclerotherapy is reported using CPT codes 36468, 36470, and 36471
○ Non-compounded foam (NCF) sclerotherapy for treatment of incompetent extremity truncal veins is reported using CPT codes 36465 and 36466
○ Non-compounded foam (NCF) sclerotherapy for treatment of other incompetent extremity veins is reported using CPT codes 36470 and 36471
○ Physician-compounded foam (PCF) sclerotherapy for treatment of incompetent extremity truncal veins and other incompetent extremity veins is reported using CPT codes 36470 and 36471
○ Refer to the Novitas Medicare Administrative Contractor (MAC) Local Coverage Article titled Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229)</td></tr>
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Coverage Summary Updates

Replaced		
Policy Title	**Approval Date**	**Summary of Changes**
Observation Care (Outpatient Hospital)	Aug. 3, 2022	• Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Hospital Services (Outpatient, Observation, and Inpatient)

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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 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 Coverage Summaries is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries.