

# *UnitedHealthcare Medicare Advantage* Coverage Summary Update Bulletin: February 2023

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## Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Allergy Testing and Allergy Immunotherapy	Jan. 4, 2023	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Food Allergy Testing and Treatment (NCD 110.11)</i></li> </ul>
Ambulance Services	Jan. 4, 2023	<b>Definitions</b> <ul style="list-style-type: none"> <li>Updated definition of “Critical Access Hospital (CAH)”</li> </ul>
Revised		
Policy Title	Approval Date	Summary of Changes
Cardiovascular Diagnostic and Therapeutic Procedures	Jan. 4, 2023	<b>Coverage Guidelines</b> <ul style="list-style-type: none"> <li>Removed content/language addressing percutaneous transluminal coronary interventions (interventional cardiology)</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) for <i>Lower Extremity Vascular Angiography</i> and <i>Lower Extremity Endovascular Interventions</i> to reflect the most current guidelines</li> <li>Removed list of available LCDs/LCAs for <i>Percutaneous Transluminal Coronary Interventions (Interventional Cardiology)</i></li> </ul>
Hearing Services and Devices	Jan. 4, 2023	<b>Coverage Guidelines</b> <i>Cochlear Implants and Auditory Brainstem Implants</i> <ul style="list-style-type: none"> <li>Removed notation pertaining to the Centers for Medicare &amp; Medicaid Services (CMS) Decision Memo for: <ul style="list-style-type: none"> <li><i>Cochlear Implantation (CAG-00107R)</i></li> <li><i>Cochlear Implantation (CAG-00107N)</i></li> </ul> </li> </ul>
Medications/Drugs (Outpatient/Part B)	Jan. 4, 2023	<b>Coverage Guidelines</b> <i>Other Examples of Specific Drugs/Medications</i> <ul style="list-style-type: none"> <li>Added coverage guidelines for Leqembi™ (Icanemab) to indicate Review at Launch (RAL) guidelines apply</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current guidelines</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



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