

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: July 2023

In This Issue

Coverage Summary Updates

Page

Updated

- Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies..... 2

Revised

- Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements..... 2
- Medications/Drugs (Outpatient/Part B)..... 4

Replaced

- Transcatheter Heart Valve Procedures 4

Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies	Jun. 14, 2023	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed language pertaining to COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities
Revised		
Policy Title	Approval Date	Summary of Changes
Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements	Jun. 14, 2023	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements and Ventricular Assistive Devices</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> 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"> National Coverage NCD Report Local Coverage Final LCDs Report <p>Valve Repairs and Replacements</p> <p>Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CPT Code 33340)</p> <ul style="list-style-type: none"> Added language (previously included in the Medicare Advantage Coverage Summary titled <i>Transcatheter Heart Valve Procedures</i>) to indicate Medicare covers percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation (NVAf) through coverage with evidence development (CED) when coverage criteria are met <ul style="list-style-type: none"> Refer to the National Coverage Determination (NCD) for <i>Percutaneous Left Atrial Appendage Closure (LAAC) (NCD 20.34)</i> All Medicare approved registries will be listed on the CED website located at https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/LAAC.html For payment rules for NCDs requiring CED, refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> <p>Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (CPT Codes 0345T, 33418, and 33419)</p> <ul style="list-style-type: none"> Added language (previously included in the Medicare Advantage Coverage Summary titled <i>Transcatheter Heart Valve Procedures</i>) to indicate Medicare covers transcatheter edge-to-edge repair (TEER) for mitral valve regurgitation under

Coverage Summary Updates

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Policy Title	Approval Date	Summary of Changes
Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements (continued)	Jun. 14, 2023	<p>GED</p> <ul style="list-style-type: none"> ○ For coverage requirements and criteria, refer to the NCD for <i>Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (NCD 20.33)</i> ○ Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable ○ The list of Medicare approved clinical trials is available at http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TMVR.html ○ For payment rules for NCDs requiring CED, refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> <p>Transcatheter Aortic Valve Replacement (TAVR) (CPT Codes 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, and 33369)</p> <ul style="list-style-type: none"> ● Added language (previously included in the Medicare Advantage Coverage Summary titled <i>Transcatheter Heart Valve Procedures</i>) to indicate Medicare covers transcatheter aortic valve replacement (TAVR) under GED when criteria are met <ul style="list-style-type: none"> ○ Refer to the National Coverage Determination (NCD) for <i>Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)</i> ○ The Centers for Medicare & Medicaid Services (CMS) considers TAVR as Category B devices and the UnitedHealthcare Medicare Advantage (MA) plan is responsible for coverage of these devices when criteria are met; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> for coverage guidelines on Category B devices ○ The list of TAVR Medicare approved clinical trials is available at http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TAVR.html ○ To view the list of current Transcatheter Valve Therapy (TVT) Registry participants, go to https://www.ncdr.com/TVT/Private/Resources/ParticipantDirectory.aspx or contact the TVT Registry Service Center at (800) 257-4737 ○ For payment rules for NCDs requiring CED, refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Experimental Procedures and Items, Investigational Devices and Clinical Trials</i> <p>Transcatheter Pulmonary Heart Valve Replacement (CPT Code 33477)</p> <ul style="list-style-type: none"> ● Added language (previously included in the Medicare Advantage Coverage Summary titled <i>Transcatheter Heart Valve Procedures</i>) to indicate Medicare does not have an NCD for transcatheter pulmonary heart valve replacement <ul style="list-style-type: none"> ○ LCDs/LCAs do not exist ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Transcatheter Heart Valve Procedures</i>

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Medications/Drugs (Outpatient/Part B)	Jun. 14, 2023	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed language pertaining to COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities <p>Other Examples of Specific Drugs/Medications</p> <ul style="list-style-type: none"> Added coverage guidelines for: <ul style="list-style-type: none"> Briumvi™ (Ublituximab-Xiyy) <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Briumvi™ (Ublituximab-Xiyy)</i> Vyjuvek™ (Beremagene Geperpavec-Svdt) <ul style="list-style-type: none"> Added language to indicate a pre-service review [Review at Launch (RAL)] is required Revised coverage guidelines for: <ul style="list-style-type: none"> Amvuttra™ (Vutrisiran), Onpattro® (Patisiran), Orencia® (Abatacept), Rituximab, Soliris® (Eculizumab), Spevigo® (Spesolimab-Sbzo), Tezspire™ (Tezepelumab-Ekko), Trastuzumab, and Ultomiris® (Ravulizumab) <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Maximum Dosage and Frequency</i> Leqembi™ (Lecanemab) <ul style="list-style-type: none"> Removed language indicating a pre-service review [Review at Launch (RAL)] is required Syfovre™ (Pegcetacoplan Injection) <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Maximum Dosage and Frequency</i> Removed language indicating a pre-service review [Review at Launch (RAL)] is required Removed coverage guidelines for Scenesse® (Afamelanotide) <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 information
Replaced		
Policy Title	Approval Date	Summary of Changes
Transcatheter Heart Valve Procedures	Jun. 14, 2023	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements, Ventricular Assistive Devices, Valve Repair, and Valve Replacements</i>

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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