

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: June 2022

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Coverage Summary Updates

Take Note

InterQual® Release Dates Removed

Effective Jun. 1, 2022, all references to specific InterQual® release dates will be removed from the Medicare Advantage Coverage Summaries which contain language pertaining to InterQual® criteria; refer to the most current version of the InterQual® criteria, when applicable.

Updated

Policy Title	Approval Date	Summary of Changes
Cardiac Procedures: Pacemakers, Defibrillators and Pulmonary Artery Pressure Measurements	May 4, 2022	Coverage Guidelines <i>Leadless Pacemakers (CPT Codes 33274 and 33275)</i> <ul style="list-style-type: none"> Revised language pertaining to coverage with evidence development (CED) to indicate CMS covers leadless pacemakers through CED effective Jan. 18, 2017
Preventive Health Services and Procedures	May 4, 2022	Coverage Guidelines <ul style="list-style-type: none"> Removed language addressing cost-sharing for Medicare-covered preventive services <i>Immunizations (Seasonal Influenza, Pneumococcal and Hepatitis B)</i> <ul style="list-style-type: none"> Removed reference links to the <i>Centers for Medicare & Medicaid (CMS) Immunizers' Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations (2012-2013)</i> <i>Initial Preventive Physical Examination (IPPE) (also commonly referred to as the "Welcome to Medicare" Preventive Visit)</i> <ul style="list-style-type: none"> Added reference link to the <i>Medicare Wellness Visits Quick Start Guide Initial Preventive Physical Examination (IPPE)</i> Removed reference link to the <i>Medicare Quick Reference for Initial Physical Examination</i>

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	May 4, 2022	Title Change <ul style="list-style-type: none"> Previously titled <i>Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</i> Coverage Guidelines <i>Formula (Enteral Feedings)</i> <ul style="list-style-type: none"> Replaced language with instruction to refer to the item titled <i>Nutritional Therapy</i> for applicable coverage guidelines Removed reference link to UnitedHealthcare Medicare Advantage Coverage Summary titled: <ul style="list-style-type: none"> <i>Enteral and Parenteral Nutritional Therapy</i> <i>Home Health Services, Home Health Visits and Respite Care</i>

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)	May 4, 2022	<p><i>Nutritional Therapy, Enteral</i></p> <ul style="list-style-type: none"> Revised language to indicate enteral nutritional therapy is covered when criteria are met; refer to the DME MAC: <ul style="list-style-type: none"> Local Coverage Determination (LCD) for <i>Enteral Nutrition (L38955)</i> Joint Article titled <i>Enteral Nutrition - Correct Coding and Billing</i> Removed reference link to the Medicare Advantage Coverage Summary titled <i>Enteral and Parenteral Nutritional Therapy</i>) <p><i>Nutritional Therapy, Parenteral</i></p> <ul style="list-style-type: none"> Revised language to indicate parenteral nutritional therapy is covered when criteria are met; refer to the: <ul style="list-style-type: none"> DME MAC: <ul style="list-style-type: none"> LCD for <i>Parenteral Nutrition (L38953)</i> Joint Article titled <i>Parenteral Nutrition - Correct Coding and Billing</i> UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Infusion Pump Therapy</i> Removed reference link to the Medicare Advantage Coverage Summary titled <i>Enteral and Parenteral Nutritional Therapy</i>) <p><i>Pumps (Enteral)</i></p> <ul style="list-style-type: none"> Replaced language with instruction to refer to the item titled <i>Nutritional Therapy</i> for applicable coverage guidelines Removed reference link to UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Enteral and Parenteral Nutritional Therapy</i> <p><i>Pumps (Parenteral)</i></p> <ul style="list-style-type: none"> Replaced language with instruction to refer to the item titled <i>Nutritional Therapy</i> for applicable coverage guidelines Removed reference link to UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Enteral and Parenteral Nutritional Therapy</i>
Electrical Stimulators	May 4, 2022	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Electrical and Spinal Cord Stimulators</i> <p>Coverage Guidelines</p> <p><i>Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (new to policy)</i></p> <ul style="list-style-type: none"> Added coverage guidelines (previously outlined in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Deep Brain Stimulation for Essential Tremor and Parkinson's Disease</i>) to indicate deep brain stimulation for essential tremor and Parkinson's Disease is covered when Medicare criteria are met; refer to the National Coverage Determination (NCD) for <i>Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (160.24)</i>

Coverage Summary Updates

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Policy Title	Approval Date	Summary of Changes
Electrical Stimulators (continued)	May 4, 2022	<p><i>Transcutaneous Electrical Nerve Stimulator (TENS)</i></p> <ul style="list-style-type: none"> Revised notation pertaining to transcutaneous electrical nerve stimulator (TENS) for chronic low back pain (CLBP) to indicate: <ul style="list-style-type: none"> TENS is not reasonable and necessary for the treatment of CLBP under section <i>1862(a)(1)(A) of the Act</i> As of Jun. 8, 2015, the Centers for Medicare & Medicaid Services (CMS) coverage for TENS for CLBP under Coverage with Evidence Development (CED) expired Refer to the NCD for <i>Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)</i>
Medications/Drugs (Outpatient/Part B)	May 4, 2022	<p>Coverage Guidelines</p> <p><i>Other Examples of Specific Drugs/Medications</i></p> <p>Aduhelm™ (Aducanumab-Avwa)</p> <ul style="list-style-type: none"> Revised language to indicate a pre-service review [Review at Launch (RAL)] is no longer required <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
Radiologic Therapeutic Procedures	May 4, 2022	<p>Coverage Guidelines</p> <p><i>Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors (CPT code 37243 and 79445)</i></p> <ul style="list-style-type: none"> Updated language to clarify Medicare does not have a National Coverage Determination (NCD) for <i>implantable beta-emitting microspheres for treatment of malignant tumors</i> <p><i>Image Guided Radiation Therapy (IGRT) (CPT codes 77014, 77387, G6001, G6002, and G6017) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for <i>image guided radiation therapy (IGRT)</i> Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Radiation Therapy: Fractionation, Image-Guidance, and Special Services</i> <p><i>Special/Associated Services (CPT codes 77331, 77370, 77399, and 77470) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for <i>special/associated services</i> LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Radiation Therapy: Fractionation, Image-Guidance, and Special Services</i>

Coverage Summary Updates

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Policy Title	Approval Date	Summary of Changes
Radiologic Therapeutic Procedures (continued)	May 4, 2022	<p>Standard Radiation Therapy (2D/3D) (CPT codes 77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012 G6013, and G6014) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD for <i>standard radiation therapy (2D/3D)</i> LCDs/LCAs do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Radiation Therapy: Fractionation, Image-Guidance, and Special Services</i> <p>Proton Beam Therapy (PBT) (CPT codes 77520, 77522, 77523, and 77525)</p> <ul style="list-style-type: none"> Added CPT codes 77520, 77522, 77523, and 77525 <p>Intensity Modulated Radiation Therapy (IMRT) (CPT codes 77385, 77386, G0015, and G0016)</p> <ul style="list-style-type: none"> Added CPT codes 77385, 77386, G0015, and G0016 <p>Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT) (CPT codes 77371, 77372, 77373, G0339, and G0340)</p> <ul style="list-style-type: none"> Added CPT codes 77371, 77372, 77373, G0339, and G0340
Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)	May 4, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Biofeedback Therapy (NCD 30.1)</i> <p>Coverage Guidelines</p> <p>Biofeedback Therapy (NCD 30.1) (new to policy)</p> <ul style="list-style-type: none"> Added coverage guidelines (previously outlined in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Biofeedback</i>) to indicate: <ul style="list-style-type: none"> Biofeedback therapy is covered only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions Refer to the National Coverage Determination (NCD) for <i>Biofeedback Therapy (30.1)</i>
Urinary and Fecal Incontinence, Diagnosis and Treatments	May 4, 2022	<p>Coverage Guidelines</p> <p>Urodynamic Studies (CPT codes 51725, 51726, 51727, 51728, 51729, 51736, 51741, 51792, and 51797)</p> <ul style="list-style-type: none"> Modified content heading; previously titled <i>Urodynamic Studies (Uroflowmetry or Cystometrogram)</i> Added CPT codes 51725, 51726, 51727, 51728, 51729, 51736, 51741, 51792, and 51797

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Urinary and Fecal Incontinence, Diagnosis and Treatments (continued)	May 4, 2022	<p><i>Urodynamic Studies - Non-Invasive (e.g., UroCuff®) (CPT code 55899) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for <i>non-invasive urodynamics studies</i> Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the UnitedHealthcare Medical Policy titled <i>Omnibus Codes</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links
Replaced		
Policy Title	Approval Date	Summary of Changes
Biofeedback	May 4, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation) for applicable coverage guidelines
Deep Brain Stimulation for Essential Tremor and Parkinson's Disease	May 4, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Electrical Stimulators for applicable coverage guidelines
Enteral and Parenteral Nutritional Therapy	May 4, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid for applicable coverage guidelines
Retired		
<p>The following Coverage Summary has been retired effective May 4, 2022:</p> <ul style="list-style-type: none"> Extracorporeal Photopheresis 		

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