

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: June 2023

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Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	May 3, 2023	<p>Coverage Guidelines</p> <p><i>Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT Codes 74261, 74262, and 74263)</i></p> <ul style="list-style-type: none"> Updated language pertaining to coverage guidelines for non-screening computed tomographic colonography (CTC) for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); added instruction to refer to the Commercial Medical Policy titled <i>Computed Tomographic Colonography</i> (except for screening CTC for colorectal cancer which is statutorily excluded by Medicare) with individual consideration review by a medical director for diverticulitis <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)	May 3, 2023	<p>Definitions</p> <ul style="list-style-type: none"> Updated definition of “Body Mass Index (BMI)” <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
Preventive Health Services and Procedures	May 3, 2023	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing H1N1 vaccine
Revised		
Policy Title	Approval Date	Summary of Changes
Medications/Drugs (Outpatient/Part B)	May 3, 2023	<p>Coverage Guidelines</p> <p><i>Other Examples of Specific Drugs/Medications</i></p> <ul style="list-style-type: none"> Added coverage guidelines for Qalsody™ (tofersen) to indicate a pre-service review [Review at Launch (RAL)] is required <p>Syfovre™ (Pegcetacoplan Injection)</p> <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Syfovre™ (Pegcetacoplan Injection)</i> for states without Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <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

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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