

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: May 2023

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Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Cosmetic and Reconstructive Procedures	Apr. 5, 2023	Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information
Laboratory Tests and Services	Apr. 5, 2023	Coverage Guidelines <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 Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information
Nasal and Sinus Procedures	Apr. 5, 2023	Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information
Radiologic Diagnostic Procedures	Apr. 5, 2023	Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information
Revised		
Policy Title	Approval Date	Summary of Changes
Wound Treatments	Apr. 5, 2023	Coverage Guidelines <p><i>Skin Substitutes (Non-Porcine Based)</i></p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for non-porcine based skin substitutes; local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable For state specific LCDs/LCAs, refer to the following LCDs/LCAs: <ul style="list-style-type: none"> CGS LCD for <i>Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities (L36690)</i> Novitas LCD for <i>Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)</i> First Coast LCD for <i>Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities (L36377)</i>

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Wound Treatments (continued)	Apr. 5, 2023	<ul style="list-style-type: none"> ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Skin and Soft Tissue Substitutes</i> <p><i>Skin Substitutes (Porcine Based)</i></p> <ul style="list-style-type: none"> ● Removed HCPCS codes A2001, A2004, A2008, A2010, A2013, Q4102, Q4103, Q4118, Q4124, Q4130, Q4135, Q4136, Q4142, Q4166, Q4175, Q4195, Q4196, Q4197, and Q4203 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Removed list of available LCDs/LCAs for <i>Skin Substitutes</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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