

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: November 2022

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Coverage Summary Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Updated notation pertaining to applicable 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
Cosmetic and Reconstructive Procedures	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Updated notation pertaining to applicable 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
Revised		
Policy Title	Approval Date	Summary of Changes
Blood, Blood Products and Related Procedures	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this Coverage Summary are for specific procedures only; for procedures not addressed in this Coverage Summary, refer to the Medicare Coverage Database to search for applicable coverage policies [National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs)] Removed content/language addressing: <ul style="list-style-type: none"> Blood transfusion Blood platelet transfusion Granulocyte transfusions Nonselective (random) transfusions and living related donor specific transfusions (DST) in kidney transplantation Lymphocyte immune globulin, anti-thymocyte globulin (equine) Blood brain barrier (BBB) osmotic disruption for treatment of brain tumors Transfer factor for the treatment of multiple sclerosis <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current guidelines
Cardiovascular Diagnostic and Therapeutic Procedures	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Diagnostic endocardial electrical stimulation (EES) Digital subtraction angiography (DSA) Digoxin therapeutic drug assay

Coverage Summary Updates

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Cardiovascular Diagnostic and Therapeutic Procedures (continued)	Oct. 5, 2022	<ul style="list-style-type: none"> ○ HIS bundle study ○ Thoracic electrical bioimpedance (TEB) ○ Displacement cardiography (including cardiokymography and photokymography) ○ Cardiointegram (CIG) ○ Ambulatory blood pressure monitoring ○ Non-invasive test of carotid function (direct and indirect) ○ Carotid body resection ○ Plethysmography ○ Microvolt T-wave alternans ○ Intravascular coronary ultrasound <p><i>Lower Extremity Stenting (CPT codes 37221, 37226, 37227, 37230, and 37231)</i></p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; added 37230 and 37231 <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of “Diagnostic Services” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Removed list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) for: <ul style="list-style-type: none"> ○ <i>Intravascular Coronary Ultrasound</i> ○ <i>Percutaneous Transluminal Coronary Interventions (Interventional Cardiology)</i>
Chemotherapy and Associated Drugs and Treatments	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Added notation to indicate the guidelines in this Coverage Summary are for specific procedures only; for procedures not addressed in this Coverage Summary, refer to the Medicare Coverage Database to search for applicable coverage policies [National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs)] ● Removed content/language addressing: <ul style="list-style-type: none"> ○ National Cancer Institute (NCI) designated "Group C" drugs ○ Osmotic blood brain barrier disruption (BBBD) ○ Local hyperthermia

Coverage Summary Updates

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Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Oct. 5, 2022	<p>Coverage Guidelines</p> <p><i>Ventilators (Including Supplies) (HCPCS codes E0465, E0466, and E0467)</i></p> <ul style="list-style-type: none"> Added reference link to the Palmetto GBA Medicare Pricing, Data Analysis and Coding (PDAC) Advisory Article titled <i>Correct Coding and Coverage of Ventilators</i>
Hearing Services and Devices	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Updated notation pertaining to applicable 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><i>Cochlear Implants and Auditory Brainstem Implants</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> The listed coverage criteria is <i>effective for services performed on or after Sep. 26, 2022</i> The Centers for Medicare & Medicaid Services (CMS) may provide coverage of cochlear implants for beneficiaries not meeting the coverage criteria listed [in the policy] when performed in the context of Federal Drug Administration (FDA)-approved category B investigational device exemption clinical trials as defined at <i>Code of Federal Regulations (CFR) Title 42, §405.201</i> or as a routine cost in clinical trials under <i>Section 310.1 of the NCD Manual Routine Costs in Clinical Trials</i> Revised coverage criteria; replaced criterion requiring “bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification (defined by test scores of less than or equal to 40% correct in the best-aided listening condition on <i>tape-recorded tests</i> of open-set sentence cognition) for members who meet all of the [listed] selection guidelines” with “bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification (defined by test scores of less than or equal to 60% correct in the best-aided listening condition on <i>recorded tests</i> of open-set sentence cognition) for members who meet all of the [listed] selection guidelines Added reference link to the CMS Decision Memo for <i>Cochlear Implantation (CAG-00107R)</i>
Home Health Services, Home Health Visits and Respite Care	Oct. 5, 2022	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing home health visits to a member who is a blind diabetic <p><i>Place of Residence</i></p>

Coverage Summary Updates

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Home Health Services, Home Health Visits and Respite Care (continued)	Oct. 5, 2022	<ul style="list-style-type: none"> Removed reference link to <i>§1819(a)(1) of the Social Security Act</i> <p>Physician or Allowed Practitioner Recertification</p> <ul style="list-style-type: none"> Replaced language indicating “Medicare does not limit the number of continuous <i>episode-recertifications</i> for beneficiaries who continue to be eligible for the home health benefit” with “Medicare does not limit the number of continuous <i>60-day recertifications</i> for beneficiaries who continue to be eligible for the home health benefit” <p>Non-Covered Services</p> <ul style="list-style-type: none"> Updated language pertaining to part time or intermittent skilled nursing or home health aide services: <ul style="list-style-type: none"> Added reference link to the <i>Medicare Benefit Policy Manual, Chapter 7, §50.7 – Part-Time or Intermittent Home Health Aide and Skilled Nursing Services</i> Removed reference link to the <i>Medicare Benefit Policy Manual, Chapter 7, §40.1.3 – Intermittent Skilled Nursing Care</i>
Medications/Drugs (Outpatient/Part B)	Oct. 5, 2022	<p>Coverage Guidelines</p> <p>Other Examples of Specific Drugs/Medications</p> <ul style="list-style-type: none"> Added coverage guidelines for Spevigo® (spesolimab-sbzo) to indicate Review at Launch (RAL) guidelines apply <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 guidelines
Rehabilitation: Cardiac and Medical	Oct. 5, 2022	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added language [previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Rehabilitation: Cardiac Rehabilitation Services (Outpatient)</i>] to indicate outpatient cardiac rehabilitation (CR) and intensive cardiac rehabilitation (ICR) services may be covered when Medicare coverage criteria are met <p>Cardiac Rehabilitation (CR) Exercise Programs</p> <ul style="list-style-type: none"> Added language [previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Rehabilitation: Cardiac Rehabilitation Services (Outpatient)</i>] to indicate: <ul style="list-style-type: none"> As specified at the <i>Code of Federal Regulations (CFR) Title 42, §410.49 (c)</i>, Medicare covers cardiac rehabilitation items and services for patients who have experienced one or more of the following: <ul style="list-style-type: none"> Effective on or after Jan. 1, 2010: <ul style="list-style-type: none"> An acute myocardial infarction (MI) within the preceding 12 months A coronary artery bypass surgery Current stable angina pectoris

Coverage Summary Updates

Revised		
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Rehabilitation: Cardiac and Medical (continued)	Oct. 5, 2022	<ul style="list-style-type: none"> - Heart valve repair replacement - Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting - A heart or heart lung transplant - Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal medical therapy for at least 6 weeks, on or after Feb. 18, 2014 for CR and on or after Feb. 9, 2018 for ICR; or - Other cardiac conditions as specified through a National Coverage Determination (NCD); the NCD process may also be used to specify non-coverage of a cardiac condition for ICR if coverage is not supported by clinical evidence <ul style="list-style-type: none"> o CR programs must include the following components (effective for services furnished on or after Jan. 1, 2010): <ul style="list-style-type: none"> ▪ The physician-prescribed exercise ▪ Cardiac risk factor modification ▪ Psychosocial assessment ▪ Outcomes assessment ▪ An individualized treatment plan o CR items and services must be furnished in a physician's office or a hospital outpatient setting <ul style="list-style-type: none"> ▪ All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the program ▪ This provision is satisfied if the physician meets the requirements for the direct supervision for physician office services as specified at <i>CFR Title 42, §410.26</i> and for hospital outpatient therapeutic services as specified at <i>CFR Title 42, §410.27</i> o As specified at <i>CFR Title 42, §410.49(f)(1)</i>, CR program sessions are limited to a maximum of 2 one-hour sessions per day for up to 36 sessions over up to 36 weeks, with the option for an additional 36 sessions over an extended period if approved by the Medicare contractor under <i>Section 1862(a)(1)(A) of the Act</i> o Refer to: <ul style="list-style-type: none"> ▪ <i>Medicare Claims Processing Manual, Chapter 32, §140 – Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs</i> ▪ <i>Medicare Benefit Policy Manual, Chapter 15 §232 – Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished On or After January 1, 2010</i> ▪ <i>NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)</i>
Wound Treatments	Oct. 5, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> ● Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled: <ul style="list-style-type: none"> o <i>Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)</i>

Coverage Summary Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Wound Treatments (continued)	Oct. 5, 2022	<ul style="list-style-type: none"> ○ <i>Hyperbaric Oxygen Therapy (NCD 20.29)</i> ○ <i>Negative Pressure Wound Therapy Pumps</i> <p>Coverage Guidelines</p> <p><i>Topical Application of Oxygen (HCPCS code E0446)</i></p> <ul style="list-style-type: none"> ● Revised language to indicate topical application of oxygen for wound healing (HCPCS code E0446) will be denied as not reasonable and necessary; refer to the: <ul style="list-style-type: none"> ○ Durable Medical Equipment (DME) Medicare Administrator Contractor (MAC) for <i>Oxygen and Oxygen Equipment (L33797)</i> ○ National Coverage Determination (NCD) for <i>Hyperbaric Oxygen Therapy (20.29)</i> <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 guidelines
Replaced		
Policy Title	Approval Date	Summary of Changes
Rehabilitation: Cardiac Rehabilitation Services (Outpatient)	Oct. 5, 2022	<ul style="list-style-type: none"> ● Policy replaced; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Rehabilitation: Cardiac and Medical</i>
Retired		
<p>The following Coverage Summary has been retired effective Oct. 5, 2022:</p> <ul style="list-style-type: none"> ● Hyperbaric Oxygen Therapy 		

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