

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: November 2023

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Policy Title	Approval Date	Summary of Changes
Pain Management and Rehabilitation	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</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 information
Uterine Services and Procedures	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</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 information
Varicose Veins Treatment and Other Vein Embolization Procedures	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</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 information
Revised		
Policy Title	Approval Date	Summary of Changes
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing high resolution anoscopy (CPT codes 46601 and 46607) <p>Endoscopic Excision of Rectal Tumors (CPT Code 0184T)</p> <ul style="list-style-type: none"> Revised default guidelines for transanal endoscopic microsurgery (TEMS): <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> Removed reference link to the Wisconsin Physician Service Insurance Corporation (WPS) Local Coverage Determination (LCD) for <i>Category III Codes (L35490)</i>
Glaucoma Surgical Treatments	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <p>Hydrus® Microstent (CPT Codes 66991 and 66989)</p>

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Glaucoma Surgical Treatments (continued)	Oct. 11, 2023	<ul style="list-style-type: none"> Modified content heading Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Glaucoma Surgical Treatments</i> for coverage guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) Added notation to indicate Alcon Research issued a voluntary market withdrawal of the CyPass® Micro-Stent from the global market in Sep. 2018 Replaced language indicating: <ul style="list-style-type: none"> “Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (<i>CyPass® Micro-Stent System</i>)” with “Medicare does not have a NCD for insertion of aqueous drainage device (<i>Hydrus® Microstent</i>)” “Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <i>exist for all states and territories</i> and compliance with these policies is required where applicable” with “LCDs/LCAs <i>exist</i> and compliance with these policies is required where applicable” Updated list of applicable CPT codes: <ul style="list-style-type: none"> Added 66991 and 66989 Removed 0474T
Hospital, Emergency, and Ambulance Services (effective Jan. 1, 2024)	Oct. 30, 2023	<p>Note: The following changes are effective Jan. 1, 2024.</p> <p>Title Change/Template Update</p> <ul style="list-style-type: none"> Reorganized and combined content previously included in the Medicare Advantage Coverage Summaries titled: <ul style="list-style-type: none"> <i>Ambulance Services</i> <i>Emergent/Urgent Services, Post-Stabilization Care, and Out-of-Area Services</i> <i>Hospital Services (Outpatient, Observation, and Inpatient)</i> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Outpatient Surgical Procedures – Site of Service</i> to determine the appropriate site of service <p>Inpatient Hospital Services</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Concurrent review for inpatient admissions is based on whether the complex medical factors documented in the medical record support medical necessity of the inpatient admission [42 CFR § 412.3(d)(1) and (d)(3); 88 Fed. Reg. 22191 (Apr. 12, 2023)]

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Hospital, Emergency, and Ambulance Services (effective Jan. 1, 2024) (continued)	Oct. 30, 2023	<ul style="list-style-type: none"> ○ Hospital care that is custodial, rendered for reasons of convenience, or not required for the diagnosis or treatment of illness or injury is not appropriate for coverage or payment; any extensive delays in the provision of medically necessary services are excluded from time counted towards the two-midnight benchmark [<i>Medicare Program Integrity Manual, Ch. 6, § 6.5.2(A)(1)(B)</i>] ● Replaced language indicating: <ul style="list-style-type: none"> ○ “For coverage to be appropriate under Medicare for an inpatient admission, the <i>patient</i> must <i>demonstrate signs and/or symptoms severe enough</i> to warrant the need for medical care <i>and must receive services of such intensity that they can be furnished safely and effectively only on an inpatient basis</i>” with “for coverage to be appropriate under Medicare for an inpatient admission, the <i>documentation</i> must <i>clearly support the member’s severity of illness and intensity of service</i> to warrant the need for inpatient medical care” ○ “If the physician or healthcare professional is uncertain if an inpatient admission is appropriate, then the physician or healthcare professional should consider <i>admitting</i> the patient <i>for</i> observation” with “if the physician or healthcare professional is uncertain if an inpatient admission is appropriate, then the physician or healthcare professional should consider <i>placing</i> the patient <i>in</i> observation” ● Removed language pertaining to the CMS <i>Hospital Inpatient Patient Payment System (IPPS) Final Rule</i> for calendar year (CY) 2023 ● Added reference link to the: <ul style="list-style-type: none"> ○ <i>Medicare Program Integrity Manual, Chapter 6, § 6.5</i> ○ <i>CMS Reviewing Hospital Claims for Admission Memo</i> ○ <i>CMS Frequently Asked Questions (FAQs): 2 Midnight Inpatient Admission Guidance & Patient Status Reviews for Admissions on or after October 1, 2013</i> ● Removed reference link to the CMS <i>Quality Improvement Organization Manual, Chapter 4, §4110 – Admission/Discharge Review</i> <p>Additional Considerations Supporting Inpatient Stay</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare’s Inpatient-Only List: Inpatient admissions where a medically necessary inpatient-only procedure is performed are generally appropriate for Medicare Part A payment regardless of expected or actual length of stay ○ Case-by-Case Exceptions to the Two-Midnight Rule: For hospital stays that are expected to span less than 2 midnights, an inpatient admission may be payable under Medicare Part A on a case-by-case or individualized basis if the documentation supporting the severity of illness and intensity of service support medical necessity for inpatient services [42 CFR 412.3(d)(3)] ○ UnitedHealthcare uses the criteria [within the policy]:

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Hospital, Emergency, and Ambulance Services (effective Jan. 1, 2024) (continued)	Oct. 30, 2023	<ul style="list-style-type: none"> ▪ To supplement the general Medicare criteria regarding inpatient admissions at 42 CFR § 412.3(d)(1) and (3), <i>Chapter 1 of the Medicare Benefit Policy Manual</i>, and <i>Chapter 6, § 6.5 of the Medicare Program Integrity Manual</i> ▪ In order to ensure consistency in reviewing the complex medical factors on which a physician may reasonably base their decision to admit a patient as an inpatient, including factors such as: patient history and comorbidities; the severity of signs and symptoms; the patient’s current medical needs; and the risk of an adverse event <ul style="list-style-type: none"> ○ Use of [the listed] criteria to supplement the general provisions noted above provides clinical benefits that are highly likely to outweigh any clinical harms, including from delayed or decreased access to items or services, because this additional criteria will provide greater consistency in determining when a patient’s complex medical factors support inpatient admission ○ Use of [the listed] criteria will also further CMS’s goal of reducing inpatient admission errors ○ UnitedHealthcare uses InterQual® as a source of medical evidence to support medical necessity and level of care decisions; InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider • Removed language pertaining to the elimination of the <i>CMS Inpatient Only (IPO) List</i> • Added reference link to the: <ul style="list-style-type: none"> ○ UnitedHealthcare Commercial Medical Policy titled <i>Hospital Services: Observation and Inpatient</i> for more detailed definitions/clinical criteria and guidelines ○ <i>Medicare Program Integrity Manual Chapter 6, § 6.5 - Medical Review of Inpatient Hospital Claims for Part A Payment</i> • Removed reference link to the: <ul style="list-style-type: none"> ○ <i>Inpatient Only (IPO) list for CY 2021</i> ○ <i>Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule with Comment Period (CMS 1772-FC) for CY 2023</i> <p>Outpatient Hospital Services</p> <ul style="list-style-type: none"> • Added reference link to the <i>Medicare Program: Contract Year 2024 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS 1786-P)</i> <p>Outpatient Observation Services</p> <ul style="list-style-type: none"> • Removed language indicating the patient must demonstrate signs and/or symptoms severe enough to warrant the need for medical care and must receive services of such intensity that they can be furnished safely and effectively only on an inpatient basis for coverage to be appropriate for an inpatient admission; refer to the <i>Quality Improvement Organization Manual, Chapter 4, §4110 - Admission/Discharge Review</i>

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Hospital, Emergency, and Ambulance Services (effective Jan. 1, 2024) (continued)	Oct. 30, 2023	<p>Emergency and Urgently Needed Services</p> <ul style="list-style-type: none"> Revised language to indicate emergency and urgently needed services are covered when criteria are met: <ul style="list-style-type: none"> For coverage guidelines, refer to the <i>Medicare Managed Care Manual, Chapter 4, §20.2 – Definitions of Emergency and Urgently Needed Services</i> We note that a Medicare Advantage (MA) organization may choose to cover services outside the network at higher cost-sharing for non-emergency services obtained outside network providers’ normal business hours (e.g., covering services at an urgent care center on weekends or holidays) <p>Post-Stabilization Care Services</p> <ul style="list-style-type: none"> Revised language to indicate post-stabilization care services are covered when criteria are met; for coverage guidelines, refer to the <i>Medicare Managed Care Manual, Chapter 4, §20.5.1 – Definition of Post - Stabilization</i> <p>Ambulance Services</p> <ul style="list-style-type: none"> Revised language to indicate ambulance for emergency transportation, including ambulance services dispatched through 911 or its local equivalent, when either an emergency situation exists as defined [in the policy] or other means of transportation would endanger the member’s health, are covered <ul style="list-style-type: none"> For coverage guidelines, refer to the: <ul style="list-style-type: none"> <i>Medicare Benefits Policy Manual, Chapter 10 – Ambulance Services</i> National Coverage Determination (NCD) for <i>Pronouncement of Death (NCD 70.4)</i> <i>Medicare Managed Care Manual, Chapter 4, §20.1 – Ambulance Services</i> Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable Depending on the plan, some members have additional routine transportation benefit (not a Medicare covered benefit); refer to the member’s evidence of coverage or contact the customer service department to determine eligibility for this additional benefit <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>References</i> section Removed <i>Definitions</i> section
Medications/Drugs (Outpatient/Part B)	Oct. 11, 2023	<p>Coverage Guidelines</p> <p>Other Examples of Specific Drugs/Medications</p> <ul style="list-style-type: none"> Added coverage guidelines for: <ul style="list-style-type: none"> Daxxify® (DaxibotulinumtoxinA-Lanm) <ul style="list-style-type: none"> Added language to indicate a pre-service review [Review at Launch (RAL)] is required Revised coverage guidelines for:

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Medications/Drugs (Outpatient/Part B) (continued)	Oct. 11, 2023	<ul style="list-style-type: none"> ○ Botulinum Toxin <ul style="list-style-type: none"> ▪ Removed language indicating guidelines apply to treatment of migraine headache ○ Izervay™ (Avacincaptad Pegol Intravitreal Solution) <ul style="list-style-type: none"> ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled <i>Ophthalmologic Complement Inhibitors</i>
Neurologic Services and Procedures	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> ● Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Removed content/language addressing intraoperative neurophysiology monitoring
Obesity: Treatment of Obesity, Non-Surgical, and Surgical (Bariatric Surgery)	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> ● Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Removed content/language addressing second bariatric surgeries
Sleep Apnea Diagnosis and Treatment	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> ● Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Removed content/language addressing oximetry testing
Spine Procedures	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> ● Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> ● Removed content/language addressing: <ul style="list-style-type: none"> ○ Arthrodesis, pre-sacral interbody technique (CPT code 22586) ○ Decompression procedure, percutaneous, of nucleus pulposus (CPT code 62287) <p><i>Allograft or Synthetic Bone Graft Materials (CPT Codes 20930, 20931, 20932, 20933, 20934, 20939, and 22899)</i></p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; added 20939 <p><i>Spinal Decompression and Interspinous Process Decompression Systems for the Treatment of Lumbar Spinal Stenosis [e.g., Interspinous Process Decompression (IPD)] (CPT Codes 22853, 22859, 22867, 22868, 22869, and 22870)</i></p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; added 22853 and 22859

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Policy Title	Approval Date	Summary of Changes
Spine Procedures (continued)	Oct. 11, 2023	<p><i>Percutaneous Minimally Invasive Fusion/Stabilization of the Sacroiliac Joint for the Treatment of Back Pain (CPT Codes 0775T, 27279, and 27280)</i></p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 0775T and 27280 <p><i>Cervical Artificial Disc (CPT Codes 22856, 22858, 22861, 0098T, 22864, and 0095T)</i></p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; removed 22864 and 0095T
Vision Services, Therapy, and Rehabilitation	Oct. 11, 2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <p><i>Retinal Prosthesis (CPT Code 0100T)</i></p> <ul style="list-style-type: none"> Revised language to indicate Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <i>exist</i> and compliance with these policies is required where applicable

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



The complete library of UnitedHealthcare Medicare Advantage Coverage Summaries is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries.