United Healthcare Medicare Advantage

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Coverage Summary Update Bulletin: October 2023

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Updated

Policy Title	Approval Date	Summary of Changes
Blepharoplasty and Related Procedures	Sep. 13, 2023	**Template Update** • Updated *Instructions for Use* **Coverage Guidelines** ***Canthoplasty and Canthopexy (CPT Codes 21280, 21282, and 67950)*** • Added coverage guidelines for canthoplasty (relocated from the section previously titled *Canthoplasty and Floppy Eyelid Syndrome Repair)* ○ Modified content heading ○ Replaced language indicating "Medicare does not have a National Coverage Determination (NCD) for canthopexy" with "Medicare does not have a NCD for *canthus repair and lid repair or* canthopexy" ○ Updated list of applicable CPT codes; added 67950 ***Floppy Eyelid Syndrome Repair (CPT Codes 67961 and 67966)*** • Removed/relocated coverage guidelines for canthoplasty [refer to the section titled *Canthoplasty and Canthopexy (CPT Codes 21280, 21282, and 67950)*] ○ Modified content heading ○ Replaced language indicating "Medicare does not have a NCD for *canthus repair, lid repair, or* for floppy eyelid syndrome repair" with "Medicare does not have a NCD for floppy eyelid syndrome repair" ○ Updated list of applicable codes; removed CPT code 67950

Revised

Policy Title	Approval Date	Summary of Changes
Cardiovascular Diagnostic and Therapeutic Procedures	Sep. 13, 2023	**Template Update** • Updated *Instructions for Use* **Coverage Guidelines** • Removed content/language addressing the treatment of supraventricular tachycardia (SVT) (CPT code 93655) ***Lower Extremity Stenting, Atherectomy and/or Angioplasty (CPT Codes 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, and 37231)*** • Added coverage guidelines for atherectomy and/or angioplasty (relocated from the section previously titled *Lower Extremity Atherectomy and/or Angioplasty*) ○ Modified content heading ○ Updated list of applicable CPT codes; added 37220, 37224, 37225, 37228, and 37229 ***Catheter Ablation***

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Cardiovascular Diagnostic and Therapeutic Procedures (continued)	Sep. 13, 2023	Treatment of Atrial Fibrillation (CPT Codes 93653 and 93656)
		• Updated list of applicable CPT codes:
		  ○ Added 93653
		  ○ Removed 93657

Cosmetic and Reconstructive Procedures	Sep. 13, 2023	**Template Update** • Updated *Instructions for Use* **Coverage Guidelines** • Removed content/language addressing tattooing to correct color defects of the skin (CPT codes 11920, 11921, and 11922) ***Breast Reconstruction Following Mastectomy*** • Updated list of applicable CPT codes for breast implant and tissue expansion; removed 19340 and 19342

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid	Sep. 13, 2023	**Template Update**
		• Updated *Instructions for Use*
		Coverage Guidelines
		DME, Prosthetic, Corrective Appliance/Orthotic and Medical Supplies Grid
		Artificial Limbs-Upper Limb
		• Updated item description/sub-classification; replaced “myoelectric” with “myoelectric (lower limb)”
		Blood Glucose Monitors *and* Diabetic Supplies
		• Added language to indicate home blood glucose monitors and supplies (e.g., blood testing strips and lancets, replacement batteries) are covered are covered when coverage criteria are met; refer to the:
		  ○ National Coverage Determination (NCD) for *Home Blood Glucose Monitors (NCD 40.2)*
		  ○ DME Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) for *Glucose Monitors (L33822)* for guidelines on the appropriate quantities of strips and lancets
		• Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Diabetes Management, Equipment and Supplies*
		Chemical Test Strips
		• Added instruction to refer to the National Coverage Determination (NCD) for *Home Blood Glucose Monitors (40.2)* for coverage criteria
		• Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Diabetes Management, Equipment and Supplies*

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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)	Sep. 13, 2023	Continuous Glucose Monitoring (CGM) Device or System • Added instruction to refer to the DME MAC LCD for *Glucose Monitors (L33822)* • Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Diabetes Management, Equipment and Supplies* Insulin Pump, including Insulin and Necessary Supplies • Added instruction to refer to the following NCDs for coverage criteria: ○ *Insulin Syringe (40.4)* ○ *Infusion Pumps (280.14)* • Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Diabetes Management, Equipment and Supplies* Pumps – Insulin (External) • Added language to indicate external continuous subcutaneous insulin infusion (CSII) pump and related drugs and supplies are covered when coverage criteria are met; refer to the: ○ NCD for *Infusion Pumps (280.14)* ○ DME MAC LCD for *External Infusion Pumps (L33794)* • Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Diabetes Management, Equipment and Supplies* Splints – Low-Load Prolonged-Duration Stretch (LLPS) Devices • Updated list of applicable HCPCS codes; removed E1802, E1805, E1825, and E1840
Laboratory Tests and Services	Sep. 13, 2023	**Template Update** • Updated *Instructions for Use* **Coverage Guidelines** ***Chemosensitivity and Chemoresistance Assays (CSRAs)*** Other Chemosensitivity and Chemoresistance Assays (CSRAs) • Updated default guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs): ○ Added reference link to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* ○ Removed reference link to the Noridian LCD for *In Vitro Chemosensitivity & Chemoresistance Assays (L37630)*

Coverage Summary Updates

Revised		
Policy Title	**Approval Date**	**Summary of Changes**
Medications/Drugs (Outpatient/Part B)	Sep. 13, 2023	**Template Update** • Updated *Instructions for Use* **Coverage Guidelines** ***Other Examples of Specific Drugs/Medications*** • Added coverage guidelines for: ○ **Eylea® HD (Aflibercept)** and **Izervay™ (Avacincaptad Pegol Intravitreal Solution)** ▪ Added language to indicate a pre-service review [Review at Launch (RAL)] is required ○ **Vyepti® (Eptinezumab-Jjmr)** ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Vyepti® (Eptinezumab- Jjmr)* • Revised coverage guidelines for: ○ **Briumvi™ (Ublituximab-Xiiy)** and **Qalsody™ (Tofersen)** ▪ Removed language indicting a pre-service review [Review at Launch (RAL)] is required ○ **Elevidys® (Delandistrogene Moxeparvovec-Rokl)** ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Elevidys™ (Delandistrogene Moxparvovec-Rokl)* ▪ Removed language indicting a pre-service review [Review at Launch (RAL)] is required ○ **Roctavian™ (Valoctocogene Roxaparvovec-Rvox)** ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Roctavian™ (Valoctocogene Roxaparvovec-Rvox)* ○ **Rystiggo® (Rozanolixizumab-Noli)** and **Vyvgart® Hytrulo (Efgartigimod Alfa and Hyaluronidase-Qvfc)** ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Neonatal Fc Receptor Blockers (Vyvgart®, Vyvgart® Hytrulo, and Rystiggo®)* ○ **Vyjuvek™ (Beremagene Geperpavec-Svdt)** ▪ Added instruction to refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Vyjuvek™ (Beramagene Geperpavec-Svdt)* ▪ Removed language indicting a pre-service review [Review at Launch (RAL)] is required

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** > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries.