

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: April 2023

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Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)	Mar. 8, 2023	<p>Applicable Codes</p> <p><i>Office Visits/Evaluation and Management for Obesity</i></p> <ul style="list-style-type: none"> Removed CPT code 99201 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Biomarkers in Cardiovascular Risk Assessment	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Blood Product Molecular Antigen Typing	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Clinical Diagnostic Laboratory Services	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Computed Tomography (NCD 220.1)	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Genetic Testing for Hereditary Cancer	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Implantable Automatic Defibrillators (NCD 20.4)	Mar. 8, 2023	<p>Applicable Codes</p> <p><i>Group 2 Device Codes (Dual Device Defibrillator/Pacemaker Codes)</i></p> <ul style="list-style-type: none"> Added HCPCS codes C7537, C7538, C7539, and C7540 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
KX Modifier	Mar. 8, 2023	<p>Applicable Codes</p> <p><i>External Infusion Pumps</i></p> <ul style="list-style-type: none"> Added HCPCS codes A4221, A4222, A4224, A4225, A4602, E0779, E0780, E0781, E0791, J0133, J0285, J0287, J0288, J0289, J0895, J1170, J1265, J1325, J1455, J1457, J1570, J1574, J2175, J2260, J2270, J3010, J3285, J7340, J9000, J9039, J9040, J9065, J9100, J9360, J9370, K0455, K0552, K0601, K0602, K0603, K0604, and K0605
Magnetic Resonance Imaging (NCD 220.2)	Mar. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes

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Policy Title	Approval Date	Summary of Changes
Minimally Invasive Gastroesophageal Reflux Disease (GERD) Procedures	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Removed CPT code 43285
Molecular Diagnostic Infectious Disease Testing	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Pharmacogenomics Testing	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Pneumatic Compression Devices (NCD 280.6)	Mar. 8, 2023	Related Policies <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Breast Reconstruction Following Mastectomy</i> Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)	Mar. 8, 2023	Policy Summary <p><i>Other [Indications Not Listed as Covered or Non-Covered]</i></p> <ul style="list-style-type: none"> Added instruction to refer to the list of available Local Coverage Determinations (LCDs) for allogeneic hematopoietic cell transplants for primary refractory or relapsed Hodgkin's and non-Hodgkin's lymphoma with B-cell or T-cell origin

Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23) (continued)	Mar. 8, 2023	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Ultrasound Diagnostic Procedures (NCD 220.5)	Mar. 8, 2023	Applicable Codes <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 to the list of non-covered ICD-10 diagnosis codes
Vaccination (Immunization)	Mar. 8, 2023	Applicable Codes Medicare Non-Covered <ul style="list-style-type: none"> Reclassified/relocated CPT codes 90619 and 90620 [refer to the list of <i>Medicare Possibly Covered (Part D)</i> codes] Medicare Possibly Covered (Part D) <ul style="list-style-type: none"> Added CPT codes 90619 and 90620 Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Revised		
Policy Title	Approval Date	Summary of Changes
Capsule Endoscopy	Mar. 8, 2023	Policy Summary <ul style="list-style-type: none"> Reorganized/reformatted content Guidelines <ul style="list-style-type: none"> Removed content/language addressing documentation requirements Limitations for Colon Capsule Endoscopy <ul style="list-style-type: none"> Removed instruction to refer to the National Coverage Determination (NCD) 210.3 for coverage guidelines for colorectal cancer screening Removed content/language addressing contraindications Limitations for Wireless Capsule Endoscopy <ul style="list-style-type: none"> Revised language pertaining to patency capsule testing to indicate this service is not covered: <ul style="list-style-type: none"> Sufficient peer-reviewed literature supporting its use is not currently available <ul style="list-style-type: none"> On occasion, patency capsule has been reported to cause obstruction requiring urgent intervention Applicable Codes

Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Capsule Endoscopy (continued)	Mar. 8, 2023	<p>ICD-10 Diagnosis Codes</p> <p>For CPT Code 91110</p> <ul style="list-style-type: none"> Added Q85.81, Q85.82, Q85.83, and Q85.89 Added notation to indicate Q85.8 was “deleted Sep. 30, 2022” Removed K74.0, Z98.890, and Z98.891 <p>For CPT Code 91111</p> <ul style="list-style-type: none"> Removed K74.0 <p>Modifier Codes</p> <ul style="list-style-type: none"> Removed list of applicable modifier codes: KX, TC, and 26 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Tier 2 Molecular Pathology Procedures	Mar. 8, 2023	<p>Policy Summary</p> <p>Gene Identification</p> <ul style="list-style-type: none"> Revised list of covered indications: <ul style="list-style-type: none"> For CPT Code 81401 <ul style="list-style-type: none"> Removed CCND1/IGH (BCL1/IgH, t) For CPT Code 81402 <ul style="list-style-type: none"> Removed MPL For CPT Code 81403 <ul style="list-style-type: none"> Removed MPL and JAK2 For CPT Codes 81404 and 81405 <ul style="list-style-type: none"> Removed TP53 <p>Applicable Codes</p> <p>Covered ICD-10 Diagnosis Codes</p> <p>For CPT code 81406 for MUTYH</p> <ul style="list-style-type: none"> Removed C18.9 and D12.6 <p>For CPT codes 81404, 81405 for TP53</p> <ul style="list-style-type: none"> Removed list of applicable codes for dates of service on or before Dec. 31, 2020: C88.8, C92.00, C92.02, C92.20, C92.22, C92.30, C92.32, C92.40, C92.42, C92.50, C92.52, C92.60, C92.62, C92.A0, C92.A2, C92.Z0, C92.Z2, C92.90, C92.92, C93.00, C93.02, C93.10, C93.12, C93.Z0, C93.Z2, C93.90, C93.92, C94.00, C94.02, C94.40, C94.41, C94.42,

Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Tier 2 Molecular Pathology Procedures (continued)	Mar. 8, 2023	<p>C94.6, C94.80, C94.82, C95.00, C95.02, C95.10, C95.12, C95.90, C95.92, C96.Z, C96.9, D45, D46.0, D46.1, D46.20, D46.21, D46.22, D46.A, D46.B, D46.C, D46.4, D46.Z, D46.9, D47.1, D47.3, D47.4, D47.Z9, D47.9, D61.818, D69.49, D69.6, D69.8, D69.9, D70.8, D70.9, D72.810, D72.818, D72.819, D72.821, D72.828, D72.829, D72.89, D72.9, D75.81, D75.89, D75.9, D77, R16.1, and R16.2</p> <p>Non-Covered ICD-10 Diagnosis Codes</p> <ul style="list-style-type: none"> Added Z59.82, Z59.86, and Z59.87 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Retired		
<p>The following Policy Guidelines have been retired effective Mar. 8, 2023:</p> <ul style="list-style-type: none"> Bone (Mineral) Density Studies (NCD 150.3) Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (NCD 160.15) Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7) 		

General Information

This bulletin provides a list of new, updated, revised, replaced and/or retired UnitedHealthcare Medicare Advantage Policy Guidelines to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted 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. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. 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 Policy Guideline 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 Policy Guidelines is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).