

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: April 2024

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Capsule Endoscopy	Mar. 13, 2024	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Category III CPT Codes</i> <p>Guidelines</p> <p>Indications for Wireless Capsule Endoscopy</p> <ul style="list-style-type: none"> Updated list of conditions for which wireless capsule endoscopy (WCE) of the esophagus is considered medically reasonable and necessary; removed criterion requiring the medical record clearly reflects why the patient was not a candidate for conventional endoscopy and how the capsule endoscopy would contribute to the patient’s care <p>Applicable Codes</p> <p>Diagnosis Codes</p> <p>For CPT Code 91110</p> <ul style="list-style-type: none"> Revised description for Q85.81 Removed Q85.8 <p>References</p> <p>CMS Local Coverage Determinations (LCDs) and Articles</p> <ul style="list-style-type: none"> Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers
Positron Emission Tomography (PET) Scan	Mar. 13, 2024	<p>Applicable Codes</p> <p>CPT Codes</p> <ul style="list-style-type: none"> Revised description for CPT codes 78459, 78491, and 78492 <p>HCPCS Codes</p> <ul style="list-style-type: none"> Added notation to indicate HCPCS codes A9515, A9587, A9588, A9591, A9592, A9593, A9594, A9595, A9596, and A9602 were “deleted Sep. 30, 2023” <p>Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to clarify the list of applicable ICD-10 codes for myocardial imaging applies to CPT codes 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, and 78492 <p>References</p> <p>CMS National Coverage Determinations (NCDs), CMS Transmittals, MLN Matters, and Other(s)</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information <p>CMS Local Coverage Determinations (LCDs) and Articles</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information

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Policy Title	Approval Date	Summary of Changes
Positron Emission Tomography (PET) Scan (continued)	Mar. 13, 2024	<ul style="list-style-type: none"> Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers
Xofigo® Radioactive Therapeutic Agent	Mar. 13, 2024	<p>References</p> <p><i>CMS Local Coverage Determinations (LCDs) and Articles</i></p> <ul style="list-style-type: none"> Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers
Revised		
Policy Title	Approval Date	Summary of Changes
Category III CPT Codes (effective May 1, 2024)	Mar. 13, 2024	<p>Policy Summary</p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Computed tomography cerebral perfusion analysis (CTP) (CPT code 0042T) Transcatheter placement of extracranial vertebral artery stent(s) (CPT codes 0075T and 0076T) Cervical artificial disc replacement (CPT code 0098T) Transanal endoscopic microsurgery (CPT code 0184T) Intraocular pressure measurement (CPT codes 0198T and 0329T) Percutaneous sacral augmentation (sacroplasty) (CPT codes 0200T and 0201T) Anterior segment aqueous drainage device (CPT codes 0253T, 0449T, 0450T, 0474T, and 0671T) Ocular telescope (CPT code 0308T) High dose rate electronic brachytherapy (CPT codes 0394T and 0395T) Magnetic resonance image guided high intensity focused ultrasound (MRGFUS) (CPT code 0398T) Destruction of neurofibroma (CPT codes 0419T and 0420T) Transurethral waterjet ablation of prostate (CPT code 0421T) Neurostimulator system for treatment of central sleep apnea (CPT codes 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, and 0436T) Myocardial contrast perfusion echocardiography (CPT code 0439T) Implantable interstitial glucose sensor (CPT codes 0446T, 0447T, and 0448T) Suprachoroidal injection of a pharmacologic agent (CPT code 0465T) White blood cell concentrate injection (CPT code 0481T) Surgical preparation of cadaver donor lung(s) (CPT codes 0494T and 0495T)

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Category III CPT Codes (effective May 1, 2024) (continued)	Mar. 13, 2024	<ul style="list-style-type: none"> ○ Electroretinography (ERG) (CPT code 0509T) ○ Balloon sclerotherapy (CPT code 0524T) ○ Movement disorder analysis (CPT codes 0533T, 0534T, 0535T, and 0536T) ○ Chimeric antigen receptor t-cell (car-t) therapy (CPT codes 0537T, 0538T, 0539T, and 0540T) ○ Magnetocardiography (MCG) (CPT codes 0541T and 0542T) ○ Radiofrequency spectroscopy (CPT code 0546T) ○ Bone-material quality testing by microindentation(s) (CPT code 0547T) ○ Low level/cold laser light therapy (LLLT) (CPT code 0552T) ○ Iliac arteriovenous anastomosis implant (CPT code 0553T) ○ Bone mass measurement (CPT codes 0554T, 0555T, 0556T, 0557T, and 0558T) ○ Female voiding prosthesis (CPT codes 0596T and 0597T) ○ Transdermal glomerular filtration rate (GFR) measurement(s) (CPT codes 0602T and 0603T) ○ Optical coherence tomography (OCT) of retina (CPT codes 0604T, 0605T, and 0606T) ○ Magnetic resonance spectroscopy (CPT codes 0609T, 0610T, 0611T, and 0612T) ○ Interatrial septal shunt device implantation (CPT code 0613T) ○ Cystourethroscopy with transurethral anterior prostate commissurotomy (CPT code 0619T) ○ Endovascular venous arterialization (CPT code 0620T) ○ Trabeculostomy procedure by laser (ab interno) (CPT codes 0621T and 0622T) ○ Automated analysis of coronary atherosclerotic plaque (CPT codes 0623T, 0624T, 0625T, and 0626T) ○ Transcatheter ultrasound nerve ablation (CPT code 0632T) ○ Cerebrospinal fluid shunt analysis (CPT code 0639T) ○ Transcatheter implantation and removal procedures (CPT codes 0643T, 0644T, and 0645T) ○ Quantitative magnetic resonance tissue composition analysis (CPT codes 0648T and 0649T) ○ Esophagogastroduodenoscopy (CPT codes 0652T, 0653T, and 0654T) ○ Drug-eluting implant procedures in eye (CPT codes 0660T and 0661T) ○ Scalp cooling (CPT codes 0662T and 0663T) ○ Benign thyroid nodule ablation (CPT code 0673T) ○ Diaphragmatic stimulation system (CPT codes 0674T, 0675T, 0677T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, and 0685T) ○ Malignant hepatocellular histotripsy (CPT code 0686T) ○ Quantitative ultrasound tissue characterization (CPT code 0689T) ○ Automated analysis of vertebral fracture (CPT code 0691T) ○ Posterior chamber injection (CPT code 0699T)

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<p>Category III CPT Codes (effective May 1, 2024) (continued)</p>	Mar. 13, 2024	<ul style="list-style-type: none"> ○ Molecular fluorescent imaging of suspicious nevus (CPT code 0700T) ○ Subchondral bone defect injection (CPT code 0707T) ○ Intradermal immunotherapy (CPT code 0708T) ○ Noninvasive arterial plaque analysis (CPT codes 0710T, 0711T, 0712T, and 0713T) ○ Coronary artery disease (CAD) risk score analysis (CPT code 0716T) ○ Tissue characterization by quantitative computed tomography (CPT code 0721T) ○ Quantitative magnetic resonance cholangiopancreatography (GMRCP) (CPT code 0723T) ○ Vestibular device procedures (CPT codes 0725T, 0726T, 0727T, 0728T, and 0729T) ○ Ai-based facial phenotype analysis (CPT code 0731T) ○ Immunotherapy administration with electroporation (CPT code 0732T) ○ Remote body and limb kinematic measurement-based therapy (CPT codes 0733T and 0734T) ○ Remote insulin dose calculation and monitoring system (CPT codes 0740T and 0741T) ○ Absolute quantitation of myocardial blood flow (AQMBF) (CPT code 0742T) ○ Cardiac radioablation (CPT codes 0745T, 0746T, and 0747T) ○ Stem cell injection for perianal fistula (CPT code 0748T) ○ Risk-based assessment for cardiac dysfunction (CPT code 0765T) ○ Virtual reality technology services (CPT codes 0771T and 0773T) ○ Intra-brain hypothermia induction (CPT code 0776T) ○ Bronchoscopy with radiofrequency destruction of the pulmonary nerves (CPT codes 0781T and 0782T) ○ Virtual reality-facilitated gait training (CPT code 0791T) ○ Transcatheter thermal nerve ablation with catheterization and angiography (CPT code 0793T) ○ Pharmacologic treatment planning (CPT code 0794T) ○ Pulmonary tissue ventilation analysis (CPT codes 0807T and 0808T) ○ Subretinal injection with vitrectomy and retinotomies (CPT code 0810T) <p>Lumbar Artificial Disc Replacement (CPT Code 0165T)</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; removed 0164T <p>Transluminal Peripheral Atherectomy (CPT Codes 0234T, 0235T, 0236T, and 0237T)</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes; removed 0238T ● Updated language pertaining to states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs): <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i>

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Category III CPT Codes (effective May 1, 2024) (continued)	Mar. 13, 2024	<p>Automated Visual Evoked Potentials (VEPs) for Visual Acuity Screening (CPT Code 0333T)</p> <ul style="list-style-type: none"> Modified content heading Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Radiostereometric Analysis (RSA) (CPT Codes 0347T, 0348T, 0349T, and 0350T)</p> <ul style="list-style-type: none"> Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Lower Extremity Endovascular Procedures (CPT Codes 0238T and 0505T)</p> <ul style="list-style-type: none"> Modified content heading Updated list of applicable CPT codes; added 0238T Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Lower Extremity Endovascular Procedures</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Wireless Cardiac Stimulator for Left Ventricular Pacing (CPT Codes 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0861T, 0862T, and 0863T)</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 0861T, 0862T, and 0863T <p>Sonosalpingography (CPT Code 0568T)</p> <ul style="list-style-type: none"> Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Implantable Cardioverter-Defibrillator System with Substernal Electrode (CPT Codes 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, and 0580T)</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; removed 0614T Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines

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<p>Category III CPT Codes (effective May 1, 2024) (continued)</p>	Mar. 13, 2024	<ul style="list-style-type: none"> ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Limb Lengthening Procedure (CPT Code 0594T)</p> <ul style="list-style-type: none"> ● Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Irreversible Electroporation (IRE) Ablation (CPT Codes 0600T and 0601T)</p> <ul style="list-style-type: none"> ● Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Remote Monitoring of an External Continuous Pulmonary Fluid Monitoring System (CPT Codes 0607T and 0608T)</p> <ul style="list-style-type: none"> ● Modified content heading ● Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Eye-Movement Analysis without Spatial Calibration (CPT Code 0615T)</p> <ul style="list-style-type: none"> ● Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Iris Prosthesis Insertion (CPT Codes 0616T, 0617T, and 0618T)</p> <ul style="list-style-type: none"> ● Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> ○ Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Non-Contact Near-Infrared Spectroscopy (NIRS) (CPT Codes 0640T and 0859T)</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes: <ul style="list-style-type: none"> ○ Added 0859T ○ Removed 0641T and 0642T

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Category III CPT Codes (effective May 1, 2024) (continued)	Mar. 13, 2024	<p>Intracoronary Infusion of Supersaturated Oxygen (CPT Code 0659T)</p> <ul style="list-style-type: none"> Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Electrocardiographic Body Surface Mapping (CPT Codes 0695T and 0696T)</p> <ul style="list-style-type: none"> Modified content heading Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Bone Strength and Fracture-Risk Assessment Using Digital X-Ray Radiogrammetry-Bone Mineral Density (DXR-BMD) (CPT Codes 0749T and 0750T)</p> <ul style="list-style-type: none"> Modified content heading Updated list of applicable CPT codes; removed 0743T <p>Silver Diamine Fluoride for Dental Caries (CPT Code 0792T)</p> <ul style="list-style-type: none"> Revised language to indicate this service has a status indicator of ‘N’ (Non-Covered) on the National Physician Fee Schedule; this service is not covered by Medicare <p>Leadless Pacemakers (CPT Codes 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0823T, 0824T, 0825T, and 0826T)</p> <ul style="list-style-type: none"> Modified content heading Updated list of applicable CPT codes; added 0823T, 0824T, 0825T, and 0826T <p>Caval Valve Implantation (CAVI) (CPT Codes 0805T and 0806T)</p> <ul style="list-style-type: none"> Updated language pertaining to states/territories with no LCDs/LCAs: <ul style="list-style-type: none"> Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Transcatheter Heart Valve Procedures</i> for coverage guidelines Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Category III Codes</i> <p>Esophagogastroduodenoscopy with Intra-gastric Bariatric Balloon Adjustment (CPT Code 0813T) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) and LCDs/LCAs do not exist For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Bariatric Surgery</i>

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Category III CPT Codes (effective May 1, 2024) (continued)	Mar. 13, 2024	<p>Injectable Bone Substitutes (CPT Code 0814T) (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD and LCDs/LCAs do not exist For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Spinal Fusion and Bone Healing Enhancement Products</i> <p>Transcranial Magnetic Stimulation with Concomitant Measurement of Evoked Cortical Potentials (CPT Code 0858T) (<i>new to policy</i>)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a NCD and LCDs/LCAs do not exist For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Transcranial Magnetic Stimulation</i> <p>Applicable Codes</p> <p>CPT Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none"> Added notation to indicate: <ul style="list-style-type: none"> 0198T and 0329T were “deleted Feb. 29, 2024” 0743T was “deleted Dec. 31, 2023” 0552T was “deleted Sep. 30, 2023” Added 0813T, 0814T, 0858T, 0859T, 0861T, 0862T, and 0863T Removed 0200T, 0201T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0419T, 0420T, 0474T, 0481T, 0487T, 0488T, 0491T, 0492T, 0493T, 0494T, 0495T, 0524T, 0541T, 0542T, 0546T, 0547T, 0553T, 0591T, 0592T, 0593T, 0596T, 0597T, 0602T, 0603T, 0604T, 0605T, 0606T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0619T, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0632T, 0639T, 0643T, 0644T, 0645T, 0648T, 0649T, 0660T, 0661T, 0673T, 0674T, 0675T, 0677T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0689T, 0691T, 0699T, 0700T, 0707T, 0708T, 0710T, 0711T, 0712T, 0713T, 0716T, 0721T, 0723T, 0725T, 0726T, 0727T, 0728T, 0729T, 0731T, 0732T, 0733T, 0734T, 0740T, 0741T, 0745T, 0746T, 0747T, 0748T, 0765T, 0771T, 0773T, 0776T, 0781T, 0782T, 0791T, 0793T, 0794T, 0807T, 0808T, and 0810T <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added 0823T, 0824T, 0825T, and 0826T Removed 0042T, 0075T, 0076T, 0098T, 0164T, 0184T, 0253T, 0308T, 0394T, 0395T, 0398T, 0421T, 0439T, 0446T, 0447T, 0448T, 0449T, 0450T, 0501T, 0502T, 0503T, 0504T, 0509T, 0537T, 0538T, 0539T, 0540T, 0554T, 0555T, 0556T, 0557T, 0558T, 0652T, 0653T, 0654T, 0662T, 0663T, 0671T, and 0742T

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Policy Title	Approval Date	Summary of Changes
<p>Category III CPT Codes (effective May 1, 2024) (continued)</p>	Mar. 13, 2024	<p>References</p> <p><i>CMS National Coverage Determinations (NCDs) and UnitedHealthcare Commercial Policies</i></p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information <p><i>CMS Local Coverage Determinations (LCDs) and Articles</i></p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers
<p>Immune Globulin</p>	Mar. 13, 2024	<p>Policy Summary</p> <p>Guidelines</p> <p>Intravenous Immune Globulin (IVIG)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> IVIG is a blood product containing human immunoglobulins specifically prepared for intravenous infusion; IVIG is used in the treatment of primary immunodeficiency diseases featuring low or dysfunctional antibody levels to prevent infection and for certain inflammatory, autoimmune, and other diseases featuring to interfere with harmful antibodies and/or for blocking damage from immune cells IVIG has been licensed by the Food and Drug Administration (FDA) for the following: <ul style="list-style-type: none"> Treatment of primary immunodeficiencies (PIs) Prevention of bacterial infections in patients with hypogammaglobulinemia and recurrent bacterial infection due to B-cell chronic lymphocytic leukemia (CLL) Prevention of coronary artery aneurysms in Kawasaki disease (KD) Increasing platelet count in idiopathic thrombocytopenic purpura (ITP) to prevent or control bleeding Treatment of chronic inflammatory demyelinating polyneuropathy (CIDP) Multifocal motor neuropathy (MMN) Dermatomyositis (DM) Removed language indicating this policy addresses the off-label uses of IVIG for certain neurological conditions Removed instruction to refer to <i>National Coverage Determination (NCD) 250.3: Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases</i> <p>Subcutaneous Immune Globulin (SCIG)</p> <ul style="list-style-type: none"> Removed language indicating outcome measures in patients receiving reduced doses of SCIG contrasted with IVIG are not available, with the exception of hospitalization, which was 30% higher in those receiving the reduced dose

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Immune Globulin (continued)	Mar. 13, 2024	<p>Applicable Codes</p> <p>HCPCS Codes</p> <ul style="list-style-type: none"> Revised description for J1575 <p>Diagnosis Codes</p> <p>For HCPCS Codes J1551, J1555, J1558, J1561, J1562, and J1569</p> <ul style="list-style-type: none"> Removed D57.04, D57.214, D57.414, D57.434, D57.454, D57.814, D61.02, D89.84, G61.81, and M60.80 <p>For HCPCS Codes J1559 and J1575</p> <ul style="list-style-type: none"> Added D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D81.0, D81.1, D81.2, D81.31, D81.4, D81.5, D81.6, D81.7, D81.82, D81.89, D81.9, D82.0, D82.1, D82.4, D83.0, D83.1, D83.2, D83.8, D83.9, G11.3, and G61.81 <p>References</p> <p>CMS Local Coverage Determinations (LCDs) and Articles</p> <ul style="list-style-type: none"> Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers <p>MLN Matters and Other(s)</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Mar. 13, 2024	<p>Policy Summary</p> <ul style="list-style-type: none"> Removed content/language addressing documentation guidelines <p>Applicable Codes</p> <p>CPT Codes</p> <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added 0002M, 0002U, 0003M, 0015M, 0019M, 0021M, 0092U, 0095U, 0105U, 0174U, 0206U, 0207U, 0249U, 0253U, 0254U, 0259U, 0263U, 0295U, 0308U, 0309U, 0310U, 0312U, 0322U, 0344U, 0351U, 0360U, 0365U, 0366U, 0367U, 0375U, 0384U, 0385U, 0387U, 0407U, 0415U, 0420U, 0421U, 0422U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0436U, 0437U, 0438U, 81457, 81458, 81459, 81462, 81463, 81464, and 81517 Revised description for 81450 and 81455 <p>References</p> <p>CMS Local Coverage Determinations (LCDs) and Articles</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers

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Policy Title	Approval Date	Summary of Changes
Molecular Pathology/Molecular Diagnostics/Genetic Testing (continued)	Mar. 13, 2024	<p>CMS Transmittals</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information
Tier 2 Molecular Pathology Procedures	Mar. 13, 2024	<p>Policy Summary Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing documentation guidelines <p>Nationally Non-Covered Indications</p> <ul style="list-style-type: none"> Removed language indicating: <ul style="list-style-type: none"> Payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service was not audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the member Certain molecular pathology procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit Molecular pathology tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) could be subject to automatic denials since these tests are not usually relevant to a member <p>References</p> <p>CMS Local Coverage Determinations (LCDs) and Articles</p> <ul style="list-style-type: none"> Updated list of applicable reference links to reflect the most current information Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers <p>UnitedHealthcare Commercial Policies</p> <ul style="list-style-type: none"> Removed list of applicable reference links

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 changes to our Medicare Advantage Policy Guidelines. 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](https://www.uhcprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).