

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: August 2022

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Policy Guideline Updates

Policy Title	Status	Approval Date
Adult Liver Transplantation (NCD 260.1)	Retired	Jul. 13, 2022
Ambulatory Blood Pressure Monitoring (NCD 20.19)	Retired	Jul. 13, 2022
Antigens Prepared for Sublingual Administration (NCD 110.9)	Retired	Jul. 13, 2022
Apheresis (Therapeutic Pheresis) (NCD 110.14)	Retired	Jul. 13, 2022
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (NCD 150.9)	Retired	Jul. 13, 2022
Autologous Cellular Immunotherapy Treatment (NCD 110.22)	Retired	Jul. 13, 2022
Category III CPT Codes	Revised	Jul. 13, 2022
Cavernous Nerves by Electrical Stimulation with Penile Plethysmography (NCD 160.26)	Retired	Jul. 13, 2022
Clinical Diagnostic Laboratory Services	Updated	Jul. 13, 2022
Cryosurgery of Prostate (NCD 230.9)	Retired	Jul. 13, 2022
Delivery of IMRT/SRS/SBRT	Revised	Jul. 13, 2022
Diathermy Treatment (NCD 150.5)	Retired	Jul. 13, 2022
Evoked Response Tests (NCD 160.10)	Retired	Jul. 13, 2022
Intensive Behavioral Therapy for Obesity (NCD 210.12)	Retired	Jul. 13, 2022
Intestinal and Multi-Visceral Transplantation (NCD 260.5)	Retired	Jul. 13, 2022
Intrapulmonary Percussive Ventilator (IPV) (NCD 240.5)	Retired	Jul. 13, 2022
Intravenous Histamine Therapy (NCD 30.6)	Retired	Jul. 13, 2022
L-Dopa (NCD 160.17)	Retired	Jul. 13, 2022
Lower Limb Protheses	Retired	Jul. 13, 2022
Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (NCD 210.14)	Retired	Jul. 13, 2022
Lymphocyte Mitogen Response Assays (NCD 190.8)	Replaced	Jul. 13, 2022
Neuromuscular Electrical Stimulation (NMES) (NCD 160.12)	Updated	Jul. 13, 2022
Noninvasive Tests of Carotid Function (NCD 20.17)	Retired	Jul. 13, 2022
Ocular Telescope	Updated	Jul. 13, 2022
Pediatric Liver Transplantation (NCD 260.2)	Retired	Jul. 13, 2022
Phaco-Emulsification Procedure – Cataract Extraction (NCD 80.10)	Retired	Jul. 13, 2022
Pharmacogenomic Testing for Warfarin Response (NCD 90.1)	Retired	Jul. 13, 2022
Prostate Cancer Screening Tests (NCD 210.1)	Retired	Jul. 13, 2022
Qualitative Drug Testing for Indications Other Than Mental Health	Retired	Jul. 13, 2022

Policy Title	Status	Approval Date
Refractive Keratoplasty (NCD 80.7)	Retired	Jul. 13, 2022
Retinal Prosthesis	Replaced	Jul. 13, 2022
Scleral Shell (NCD 80.5)	Retired	Jul. 13, 2022
Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (NCD 210.2)	Retired	Jul. 13, 2022
Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)	Retired	Jul. 13, 2022
Surgical or Other Invasive Procedure Performed on the Wrong Body Part (NCD 140.7)	Replaced	Jul. 13, 2022
Surgical or Other Invasive Procedure Performed on the Wrong Patient (NCD 140.8)	Replaced	Jul. 13, 2022
Thermogenic Therapy (NCD 30.2)	Retired	Jul. 13, 2022
Treatment of Psoriasis (NCD 250.1)	Retired	Jul. 13, 2022
Ultrasonic Surgery (NCD 50.8)	Retired	Jul. 13, 2022
Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot (NCD 150.6)	Retired	Jul. 13, 2022
Wrong Surgical or Other Invasive Procedure	Revised	Jul. 13, 2022

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 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



The complete library of UnitedHealthcare Medicare Advantage Policy Guidelines is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).