

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: August 2023

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Policy Guideline Updates

New		
Policy Title	Approval Date	Policy Summary
Diagnostic Radiology Services	Jul. 12, 2023	<p>Overview</p> <p>This policy does not apply to screening radiological procedures as defined by Medicare.</p> <p>Guidelines</p> <p>Diagnostic imaging for asymptomatic persons are not covered. Services must meet specific medical necessity requirements in Medicare statute, regulations, manuals, and any medical necessity criteria defined by Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) if any apply. For every diagnostic service billed, the specific sign, symptom, or patient complaint that makes the service reasonable and necessary must be indicated. This policy does not apply to screening radiological procedures as defined by Medicare.</p> <p>Medicare excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (refer to Title XVIII of the Social Security Act (SSA) Section 1862 (a)(1)(A)).</p>
Updated		
Policy Title	Approval Date	Summary of Changes
Category III CPT Codes	Jul. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none"> Added CPT codes 0779T, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0809T, and 0810T Removed CPT codes 0378T, 0379T, 0404T, and 0686T
Clinical Diagnostic Laboratory Services	Jul. 12, 2023	<p>Applicable Codes</p> <p>Modifier Codes</p> <ul style="list-style-type: none"> Removed list of applicable modifiers: 33, QW, and TS <p>CPT/HCPCS Codes</p> <ul style="list-style-type: none"> Added CPT codes 0365U, 0366U, 0367U, 0370U, 0371U, 0372U, 0374U, 0375U, 0376U, 0377U, 0378U, 0380U, 0381U, 0382U, 0383U, 0384U, 0385U, and 0386U Added notation to indicate CPT codes 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, and 0150U were “deleted Jul. 1, 2023” Removed notation indicating CPT code 84591 is not covered when submitted with a screening diagnosis <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

Policy Guideline Updates

Replaced		
Policy Title	Approval Date	Summary of Changes
Computed Tomography (NCD 220.1)	Jul. 12, 2023	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled Diagnostic Radiology Services
Magnetic Resonance Imaging (NCD 220.2)	Jul. 12, 2023	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled Diagnostic Radiology Services
Ultrasound Diagnostic Procedures (NCD 220.5)	Jul. 12, 2023	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled Diagnostic Radiology Services

Retired
<p>The following Policy Guidelines have been retired effective Jul. 12, 2023:</p> <ul style="list-style-type: none"> Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1) Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3) Chiropractic Services Cochlear Implantation (NCD 50.3) Continuous Glucose Monitors Cytogenetic Studies (NCD 190.3) Dental Services Dimethyl Sulfoxide (DMSO) (NCD 230.12) Durable Medical Equipment Reference List Endothelial Cell Photography (NCD 80.8) Enteral and Parenteral Nutritional Therapy (Formerly NCD 180.2) Erythropoiesis Stimulating Agents (ESA) Facet Joint Interventions for Pain Management Home Blood Glucose Monitors (NCD 40.2) Home Use of Oxygen Hospital Beds (NCD 280.7) Incontinence Control Devices (NCD 230.10) Infusion Pumps (NCD 280.14) Intraocular Photography (NCD 80.6)

Policy Guideline Updates

Retired

- KX Modifier
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- Urological Supplies
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- Ventricular Assist Devices (NCD 20.9.1)

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