

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: December 2023

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
Blepharoplasty, Blepharoptosis, and Brow Lift	Updated	Nov. 8, 2023
Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs	Updated	Nov. 8, 2023
Cosmetic and Reconstructive Services and Procedures	Revised	Nov. 8, 2023
Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)	Revised	Nov. 8, 2023
Hemophilia Clotting Factors and Products	Updated	Nov. 8, 2023
Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)	Retired	Nov. 8, 2023
Long-Term Wearable Electrocardiographic Monitoring	Updated	Nov. 8, 2023
Percutaneous Coronary Interventions	Updated	Nov. 8, 2023
Pneumatic Compression Devices (NCD 280.6)	Updated	Nov. 8, 2023
Porcine Skin and Gradient Pressure Dressings (NCD 270.5)	Updated	Nov. 8, 2023
Self-Administered Drug(s) (SAD)	Updated	Nov. 8, 2023
Transcutaneous Electrical Nerve Stimulation (TENS)	Updated	Nov. 8, 2023
Transportation Services	Revised	Nov. 8, 2023
Xofigo® Radioactive Therapeutic Agent	Updated	Nov. 8, 2023

## 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](#).