

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: January 2023

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Genetic Testing for Hereditary Cancer	Dec. 14, 2022	<p>Guidelines</p> <p>Coverage is based upon the existing Local Coverage Determination (LCD) for the jurisdiction in which the procedure is performed. If the test is a Next Generation Sequencing (NGS) test, it must abide by all conditions listed in NCD 90.2.</p> <p>Contractors may determine coverage of Next Generation Sequencing (NGS) as a diagnostic laboratory test for patients with germline (inherited) cancer only when the test is performed in a CLIA-certified laboratory, when ordered by a treating physician, when results are provided to the treating physician for management of the patient and when the patient has:</p> <ul style="list-style-type: none"> • Any cancer diagnosis; and • A clinical indication for germline (inherited) testing of hereditary cancers; and • A risk factor for germline (inherited) cancer; and • Not been previously tested with the same germline test using NGS for the same germline genetic content. <p>Contractors may determine coverage of diagnostic lab tests using NGS for RNA sequencing and protein analysis.</p> <p><i>Nationally Non-Covered Indications</i></p> <p>Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".</p>
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (NCD 200.3)	Dec. 14, 2022	<p>Guidelines</p> <p><i>Nationally Covered Indication</i></p> <p>Effective April 7, 2022, the Centers for Medicare & Medicaid Services (CMS) covers Food and Drug Administration (FDA) approved monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease (AD) when furnished in accordance with Section B under coverage with evidence development (CED) for patients who have a clinical diagnosis of mild cognitive impairment (MCI) due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD.</p> <p>Coverage Criteria</p> <ol style="list-style-type: none"> 1. Monoclonal antibodies directed against amyloid that are approved by the FDA for the treatment of AD based upon evidence of efficacy from a change in a surrogate endpoint (e.g., amyloid reduction) considered as reasonably likely to predict clinical benefit may be covered in a randomized controlled trial conducted under an investigational new drug (IND) application. 2. Monoclonal antibodies directed against amyloid that are approved by the FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit may be covered in CMS-approved prospective

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Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease (NCD 200.3) (continued)	Dec. 14, 2022	<p>comparative studies. Study data for CMS-approved prospective comparative studies may be collected in a registry.</p> <ol style="list-style-type: none"> 3. For CMS-approved studies, the protocol, including the analysis plan, must include: <ul style="list-style-type: none"> ○ A study population whose diversity of patients are representative of the national population with MCI due to AD or mild AD dementia. ○ A neurocognitive evaluation and a description of the instruments used to assess cognition and function for the clinical diagnosis of MCI due to AD or mild AD dementia for study enrollment and outcomes assessment. ○ A description of: The multidisciplinary dementia team and optimal medical management. ○ Study sites with clinical expertise and infrastructure to provide treatments consistent with the safety monitoring outlined in the FDA-approved label. 4. CMS-approved studies of a monoclonal antibody directed against amyloid (anti-amyloid mAb) approved by the FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit must address all of the questions below: <ul style="list-style-type: none"> ○ Does the anti-amyloid mAb meaningfully improve health outcomes (i.e., slow the decline of cognition and function) for patients in broad community practice? ○ Do benefits, and harms such as brain hemorrhage and edema, associated with use of the anti-amyloid mAb, depend on characteristics of patients, treating clinicians, and settings? ○ How do the benefits and harms change over time? 5. CMS-approved studies must adhere to the following standards of scientific integrity that have been identified by the Agency for Healthcare Research and Quality (AHRQ): <ul style="list-style-type: none"> ○ The principal purpose of the study is to test whether the item or service meaningfully improves health outcomes of affected beneficiaries who are represented by the enrolled subjects. ○ The rationale for the study is well supported by available scientific and medical evidence. ○ The study results are not anticipated to unjustifiably duplicate existing knowledge. ○ The study design is methodologically appropriate, and the anticipated number of enrolled subjects is sufficient to answer the research question(s) being asked in the National Coverage Determination (NCD). ○ The study is sponsored by an organization or individual capable of completing it successfully. ○ The research study is in compliance with all applicable Federal regulations concerning the protection of human subjects found in the Code of Federal Regulations (CFR) at 45 CFR Part 46. If a study is regulated by the FDA, it is also in compliance with 21 CFR Parts 50 and 56. In addition, to further enhance the protection of human subjects in studies conducted under CED, the study must provide and obtain meaningful informed consent from patients regarding the risks associated with the study items and/or services, and the use and eventual disposition of the collected data. ○ All aspects of the study are conducted according to appropriate standards of scientific integrity.

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Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease (NCD 200.3) (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> ○ The study has a written protocol that clearly demonstrates adherence to the standards listed here as Medicare requirements. ○ The study is not designed to exclusively test toxicity or disease pathophysiology in healthy individuals. Such studies may meet this requirement only if the disease or condition being studied is life threatening as defined in 21 CFR §312.81(a) and the patient has no other viable treatment options. ○ The clinical research studies and registries are registered on the ClinicalTrials.gov website by the principal sponsor/investigator prior to the enrollment of the first study subject. Registries are also registered in the AHRQ Registry of Patient Registries (RoPR). ○ The research study protocol specifies the method and timing of public release of all prespecified outcomes to be measured including release of outcomes if outcomes are negative or study is terminated early. The results must be made public within 12 months of the study’s primary completion date, which is the date the final subject had final data collection for the primary endpoint, even if the trial does not achieve its primary aim. The results must include number started/completed, summary results for primary and secondary outcome measures, statistical analyses, and adverse events. Final results must be reported in a publicly accessible manner; either in a peer-reviewed scientific journal (in print or online), in an on-line publicly accessible registry dedicated to the dissemination of clinical trial information such as ClinicalTrials.gov, or in journals willing to publish in abbreviated format (e.g., for studies with negative or incomplete results). ○ The study protocol must explicitly discuss beneficiary subpopulations affected by the item or service under investigation, particularly traditionally underrepresented groups in clinical studies, how the inclusion and exclusion criteria effect enrollment of these populations, and a plan for the retention and reporting of said populations in the trial. If the inclusion and exclusion criteria are expected to have a negative effect on the recruitment or retention of underrepresented populations, the protocol must discuss why these criteria are necessary. ○ The study protocol explicitly discusses how the results are or are not expected to be generalizable to affected beneficiary subpopulations. Separate discussions in the protocol may be necessary for populations eligible for Medicare due to age, disability, or Medicaid eligibility. <p>The principal investigator must submit the complete trial protocol, cite where the detailed analysis plan for the CMS CED questions occurs in the protocol, and provide a statement addressing how the study satisfies each of the standards of scientific integrity (a. through m. listed above), as well as the investigator’s contact information, to the email address below. The information will be reviewed, and approved trials will be identified on the CMS Website.</p> <p>The Email address for protocol submissions is: clinicalstudynotification@cms.hhs.gov. The Email subject line should be: "CED Monoclonal Antibodies for the Treatment of Alzheimer’s Disease [name of sponsor/primary investigator]"</p> <p>Monoclonal antibodies directed against amyloid indicated for the treatment of AD are covered when furnished according to the FDA approved indication in National Institutes of Health (NIH)-supported trials.</p>

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Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease (NCD 200.3) (continued)	Dec. 14, 2022	<p>For any CMS-approved study, or NIH-supported trial, that includes a beta amyloid positron emission tomography (PET) scan as part of the protocol, it has been determined that these trials or studies also meet the CED requirements included in the Beta Amyloid PET in Dementia and Neurodegenerative Disease National Coverage Determination (NCD) (220.6.20).</p> <p><i>Nationally Non-Covered</i></p> <p>Monoclonal antibodies directed against amyloid for the treatment of AD provided outside of an FDA approved randomized controlled trial, CMS-approved studies, or studies supported by the NIH, are nationally non-covered.</p>
Updated		
Policy Title	Approval Date	Summary of Changes
Anterior Segment Aqueous Drainage Device	Dec. 14, 2022	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed CPT codes 0191T and 0376T
Category III CPT Codes	Dec. 14, 2022	<p>Applicable Codes</p> <p><i>Non-Covered</i></p> <ul style="list-style-type: none"> Added notation to indicate CPT codes 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0487T, 0491T, 0492T, and 0493T were “deleted Dec. 31, 2022” Removed CPT codes 0058T, 0085T, 0111T, 0126T, 0230T, 0231T, 0396T, 0400T, 0401T, 0547T, 0596T, and 0597T <p><i>Provisional Coverage</i></p> <ul style="list-style-type: none"> Removed CPT codes 0295T, 0296T, 0297T, and 0298T <p><i>Possible Provisional Coverage</i></p> <ul style="list-style-type: none"> Added notation to indicate CPT code 0163T was “deleted Dec. 31, 2022” <p>Questions and Answers (Q&A)</p> <ul style="list-style-type: none"> Added Q&A #3 addressing prior authorization requirement <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

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Continuous Glucose Monitors	Dec. 14, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>KX Modifier</i> <p>Policy Summary</p> <p><i>Patient Coverage Criteria for Nonimplantable (DME) CGMs</i></p> <ul style="list-style-type: none"> Removed references to applicable HCPCS codes <p>Non-Adjunctive CGM Devices and Supplies</p> <ul style="list-style-type: none"> Removed references to applicable HCPCS codes Removed language indicating supplies used with a non-covered CGM <i>must not be billed using HCPCS code K0553 or A4238</i> <p>Miscellaneous Coding Information</p> <ul style="list-style-type: none"> Revised description for HCPCS codes A9276, A9277, and A9278 (non-covered for Medicare purposes) and removed notation indicating these codes are “not valid” <p>Applicable Codes</p> <ul style="list-style-type: none"> Added HCPCS codes A4239 and E2103 Updated notation to indicate HCPCS codes A9276, A9277, and A9278 are “non-covered” Revised description for HCPCS codes A4238, A9276, A9277, A9278, and E2102 <p>Questions and Answers (Q&A)</p> <ul style="list-style-type: none"> Added Q&A addressing the deletion/replacement of HCPCS codes K0553 and K0554 effective Jan. 1, 2023 Removed Q&A defining therapeutic CGMs <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Molecular Diagnostic Infectious Disease Testing	Dec. 14, 2022	<p>Applicable Codes</p> <p><i>Provisional Coverage</i></p> <ul style="list-style-type: none"> Added CPT codes 0323U, 0330U, 0352U, and 0353U <p><i>Coding Clarification</i></p> <ul style="list-style-type: none"> Updated notation pertaining to the list of non-covered diagnosis codes; added language to indicate: <ul style="list-style-type: none"> Z11.3 is excluded from non-coverage for CPT codes 0352U, 0353U, 87800, and 87801 Z04.81 is excluded from non-coverage for CPT codes 0352U and 0353U <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

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Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Dec. 14, 2022	<p>Policy Summary</p> <p><i>Gene Identification</i></p> <ul style="list-style-type: none"> Revised list of non-covered indications for CPT code 81479; removed: <ul style="list-style-type: none"> SelectMDx MiPS <p>Applicable Codes</p> <p><i>Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes</i></p> <ul style="list-style-type: none"> Revised description for C94.6 (for CPT code 81479) <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Xgeva®, Prolia® (Denosumab)	Dec. 14, 2022	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed ICD-10 diagnosis code N18.3 <p>Supporting Information</p> <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
Dental Services	Dec. 14, 2022	<p>Policy Summary</p> <p><i>Guidelines</i></p> <p>Covered Services</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> An oral or dental examination performed on an inpatient basis as part of a comprehensive workup prior to renal transplant surgery is a covered service This is because the purpose of the examination is not for the care of the teeth or structures directly supporting the teeth; rather the examination is for the identification, prior to a complex surgical procedure, of existing medical problems where the increased possibility of infection would not only reduce the chances for successful surgery but would also expose the patient to additional risks in undergoing such surgery <p>Nationally Non-Covered Indications</p> <ul style="list-style-type: none"> Removed language pertaining to nationally non-covered indications <p>Definitions</p> <ul style="list-style-type: none"> Updated definition of: <ul style="list-style-type: none"> Pedodontist

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Dental Services (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> ○ Periodontist ○ Temporomandibular disorders (TMD) <p>Applicable Codes</p> <p><i>CDT Codes</i></p> <p>Non-Covered (Invalid)</p> <ul style="list-style-type: none"> ● Removed and reclassified/relocated D0210, D0220, D0230, D0310, D0320, D0321, D0322, D0330, D0340, D0350, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D1352, D4210, D4211, D4212, D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5937, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5982, D5988, D5992, D5993, D5995, D5996, D5999, D6010, D6011, D6040, D6050, D6055, D6080, D6090, D6095, D6100, D6101, D6102, D6103, D6104, D6199, D7251, D7285, D7286, D7287, D7295, D7310, D7320, D7340, D7350, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7510, D7520, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7899, D7910, D7911, D7912, D7920, D7921, D7922, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7961, D7962, D7970, D7971, D7972, D7980, D7981, D7982, D7983, D7990, D7991, D7993, D7994, D7995, D7996, D7999, D9210, D9211, D9212, D9215, D9219, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9997, and D9999 [refer to the list of <i>Non-Covered (Restricted) if Performed Primarily for Dental Related Conditions</i> CDT codes below] <p>Non-Covered</p> <ul style="list-style-type: none"> ● Added D9953 ● Removed and reclassified/relocated D0120, D0140, D0145, D0160, D0170, D0171, D0180, D0190, D0191, D0273, D0364, D0365, D0366, D0367, D0368, D0369, D0370, D0371, D0380, D0381, D0382, D0383, D0384, D0385, D0386, D0391, D0393, D0394, D0395, D0411, D0412, D0414, D0415, D0417, D0418, D0419, D0422, D0423, D0425, D0470, D0486, D0604, D0605, D0606, D1110, D1120, D1206, D1208, D1310, D1320, D1321, D1330, D1351, D1353, D1354, D1355, D1516, D1517, D1526, D1527, D1556, D1557, D1558, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2910, D2915, D2920, D2921, D2928, D2929, D2930, D2931, D2932, D2933, D2934, D2940, D2941, D2949, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2960, D2961, D2962, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353, D3355, D3356, D3357, D3410, D3421, D3425, D3426, D3428, D3429,

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Dental Services (continued)	Dec. 14, 2022	<p>D3430, D3431, D3432, D3450, D3470, D3471, D3472, D3473, D3501, D3502, D3503, D3910, D3911, D3920, D3921, D3950, D4230, D4231, D4240, D4241, D4245, D4249, D4261, D4265, D4266, D4267, D4274, D4275, D4276, D4283, D4285, D4322, D4323, D4341, D4342, D4346, D4910, D4920, D4921, D4999, D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765, D5810, D5811, D5820, D5821, D5850, D5851, D5862, D5863, D5864, D5865, D5866, D5867, D5875, D5876, D5899, D5986, D5991, D6012, D6013, D6051, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6081, D6082, D6083, D6084, D6085, D6086, D6087, D6088, D6091, D6092, D6093, D6094, D6096, D6097, D6098, D6099, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6118, D6119, D6120, D6121, D6122, D6123, D6190, D6191, D6192, D6194, D6195, D6198, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6253, D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6793, D6794, D6930, D6940, D6950, D6980, D6985, D6999, D7270, D7272, D7280, D7282, D7290, D7292, D7293, D7294, D7296, D7297, D7298, D7299, D7300, D7311, D7871, D7881, D7951, D7952, D7953, D7963, D7979, D7997, D7998, D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8681, D8695, D8696, D8697, D8698, D8699, D8701, D8702, D8703, D8704, D8999, D9120, D9130, D9222, D9223, D9239, D9243, D9311, D9612, D9613, D9910, D9911, D9912, D9920, D9932, D9933, D9934, D9935, D9941, D9942, D9943, D9944, D9945, D9946, D9961, D9970, D9971, D9972, D9973, D9974, D9975, D9990, D9991, D9992, D9993, D9994, D9995, and D9996 [refer to the list of <i>Non-Covered (Restricted) if Performed Primarily for Dental Related Conditions</i> CDT codes below]</p> <p>Non-Covered (Restricted) if Performed Primarily for Dental Related Conditions</p> <ul style="list-style-type: none"> Added D0120, D0140, D0145, D0160, D0170, D0171, D0180, D0190, D0191, D0210, D0220, D0230, D0273, D0310, D0320, D0321, D0322, D0330, D0340, D0350, D0364, D0365, D0366, D0367, D0368, D0369, D0370, D0371, D0372, D0373, D0374, D0380, D0381, D0382, D0383, D0384, D0385, D0386, D0387, D0388, D0389, D0391, D0393, D0394, D0395, D0411, D0412, D0414, D0415, D0417, D0418, D0419, D0422, D0423, D0425, D0470, D0486, D0604, D0605, D0606, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D0801, D0802, D0803, D0804, D1110, D1120, D1206, D1208, D1310, D1320, D1321, D1330, D1351, D1352, D1353, D1354, D1355, D1516, D1517, D1526, D1527, D1556, D1557, D1558, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2910, D2915, D2920, D2921,

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Dental Services (continued)	Dec. 14, 2022	D2928, D2929, D2930, D2931, D2932, D2933, D2934, D2940, D2941, D2949, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2960, D2961, D2962, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353, D3355, D3356, D3357, D3410, D3421, D3425, D3426, D3428, D3429, D3430, D3431, D3432, D3450, D3470, D3471, D3472, D3473, D3501, D3502, D3503, D3910, D3911, D3920, D3921, D3950, D4210, D4211, D4212, D4230, D4231, D4240, D4241, D4245, D4249, D4261, D4265, D4266, D4267, D4274, D4275, D4276, D4283, D4285, D4286, D4322, D4323, D4341, D4342, D4346, D4910, D4920, D4921, D4999, D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765, D5810, D5811, D5820, D5821, D5850, D5851, D5862, D5863, D5864, D5865, D5866, D5867, D5875, D5876, D5899, D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5937, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5982, D5986, D5988, D5991, D5992, D5993, D5995, D5996, D5999, D6010, D6011, D6012, D6013, D6040, D6050, D6051, D6055, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6080, D6081, D6082, D6083, D6084, D6085, D6086, D6087, D6088, D6090, D6091, D6092, D6093, D6094, D6095, D6096, D6097, D6098, D6099, D6100, D6101, D6102, D6103, D6104, D6105, D6106, D6107, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6118, D6119, D6120, D6121, D6122, D6123, D6190, D6191, D6192, D6194, D6195, D6197, D6198, D6199, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6253, D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6793, D6794, D6930, D6940, D6950, D6980, D6985, D6999, D7251, D7270, D7272, D7280, D7282, D7285, D7286, D7287, D7290, D7292, D7293, D7294, D7295, D7296, D7297, D7298, D7299, D7300, D7310, D7311, D7320, D7340, D7350, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7509, D7510, D7520, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7881, D7899, D7910, D7911, D7912, D7920, D7921, D7922, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7953, D7955, D7956, D7957, D7963, D7961, D7962, D7970, D7971, D7972, D7979, D7980, D7981, D7982, D7983, D7990, D7991, D7993, D7994, D7995, D7996, D7997, D7998, D7999, D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8681, D8695, D8696, D8697, D8698, D8699, D8701, D8702, D8703, D8704, D8999, D9120, D9130, D9210,

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Dental Services (continued)	Dec. 14, 2022	<p>D9211, D9212, D9215, D9219, D9222, D9223, D9239, D9243, D9310, D9311, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9613, D9910, D9911, D9912, D9920, D9932, D9933, D9934, D9935, D9941, D9942, D9943, D9944, D9945, D9946, D9961, D9970, D9971, D9972, D9973, D9974, D9975, D9990, D9991, D9992, D9993, D9994, D9995, D9996, D9997, and D9999</p> <ul style="list-style-type: none"> Added notation to indicate D0351 and D0704 were “deleted Dec. 31, 2022” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Home Use of Oxygen	Dec. 14, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>KX Modifier</i> <p>Policy Summary</p> <p><i>Guidelines</i></p> <p>Nationally Covered Indications for Home Use of Oxygen (NCD 240.2)</p> <ul style="list-style-type: none"> Revised clinical criteria used to define patients exhibiting hypoxemia; added language pertaining to Group III to indicate: <ul style="list-style-type: none"> Initial coverage of home oxygen therapy and oxygen equipment is reasonable and necessary for beneficiaries in Group III if all of the following conditions are met: <ul style="list-style-type: none"> Absence of hypoxemia defined in Group I and Group II; and A medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy, such as cluster headaches (not all inclusive) <p>Coding Guidelines</p> <ul style="list-style-type: none"> Removed language indicating: <ul style="list-style-type: none"> When oxygen is supplied as part of a Centers for Medicare & Medicaid Services (CMS) approved clinical trial for cluster headaches, equipment must be coded using HCPCS code E0424 (stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing) Refill contents used with equipment to treat cluster headaches must be coded using HCPCS code E0441 (stationary oxygen contents, gaseous, 1 month’s supply = 1 unit) <p>Nationally Covered Indications for Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)</p> <ul style="list-style-type: none"> Removed language indicating: <ul style="list-style-type: none"> Oxygen for participants in a Long-Term Oxygen Therapy (LTOT) Trial is provided under special coverage rules; reimbursement is only available for beneficiaries who are enrolled in an approved clinical trial

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Home Use of Oxygen (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> ▪ CMS maintains a list of policies that require study participation as a condition of coverage on the CMS web site ▪ For each policy the approved studies are listed, and a link provided to the study on the clinicaltrials.gov web site ▪ The clinicaltrials.gov identifier number required on each claim is listed on this site ○ Claims for LTOT Trial participants that meet the approved clinical trial and testing requirements described in the Coverage Indications, Limitations and/or Medical Necessity section of the Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) must be submitted with the Q0 (Q-zero) modifier; claims for oxygen that do not meet these criteria must not use this modifier
KX Modifier	Dec. 14, 2022	<p>Policy Summary</p> <p><i>Overview</i></p> <ul style="list-style-type: none"> ● Revised language to indicate use of the KX modifier indicates that the supplier has ensured coverage criteria for the DMEPOS billed is met and that documentation does exist to support the medical necessity of item <ul style="list-style-type: none"> ○ Documentation must be available upon request ○ It is recommended for suppliers to obtain a working knowledge of specific documentation requirements for specific medical policy prior to appending KX modifier as this will help prevent unnecessary rejected or denied claims ● Revised non-inclusive list of Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) which include a KX modifier requirement for some or all items within that jurisdiction: <ul style="list-style-type: none"> ○ Added: <ul style="list-style-type: none"> ▪ Respiratory Assist Devices ○ Removed: <ul style="list-style-type: none"> ▪ Glucose Monitors ▪ Immunosuppressive Drugs ▪ Home Use of Oxygen (NCD 240.2) ○ Replaced “Hospital Beds” with “Hospital Beds and Accessories” <p><i>Guidelines</i></p> <ul style="list-style-type: none"> ● Added language to indicate appending the KX modifier to a claim without verifying coverage criteria and existence of documentation is incorrect usage ● Removed language indicating the KX modifier must not be used if the requirements specified in the LCD/Article are not met <p>Applicable Codes</p> <p><i>External Infusion Pumps</i></p>

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KX Modifier (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> Removed HCPCS code E0787 <p><i>Immunosuppressive Drugs</i></p> <ul style="list-style-type: none"> Removed list of applicable HCPCS codes: J0485, J2920, J2930, J7500, J7501, J7502, J7504, J7505, J7506, J7507, J7508, J7509, J7510, J7511, J7512, J7513, J7515, J7516, J7517, J7518, J7520, J7525, J7527, J7599, J8530, J8610, Q0510, Q0511, and Q0512 <p><i>Oral Antiemetic Drugs</i></p> <ul style="list-style-type: none"> Removed HCPCS code Q0181 <p><i>Manual Wheelchair Bases</i></p> <ul style="list-style-type: none"> Added HCPCS code K0012 <p><i>Wheelchair Options/Accessories</i></p> <ul style="list-style-type: none"> Removed HCPCS code K0108 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing	Dec. 14, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Histocompatibility Testing (NCD 190.1)</i> <p>Policy Summary</p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> Revised language pertaining to Social Security Act, §1862(a)(1)(A) to indicate a laboratory service can be reasonable and necessary if the service is: <ul style="list-style-type: none"> Safe and effective Not experimental or investigational (exception: routine costs of qualifying clinical trial services which meet the requirements of the Clinical Trials NCD and are considered reasonable and necessary) Appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member Furnished in a setting appropriate to the patient's medical needs and condition Ordered and furnished by qualified personnel One that meets, but does not exceed, the patient's medical need At least as beneficial as an existing and available medically appropriate alternative <p>Applicable Codes</p>

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Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> Removed list of applicable ICD-10 diagnosis codes for CPT codes 81370, 81371, 81372, 81373, 81375, 81378, 81379, and 81380 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Dec. 14, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Updated list of related UnitedHealthcare Medicare Advantage Policy Guidelines: <ul style="list-style-type: none"> Added reference link to the policy titled <i>Genetic Testing for Hereditary Cancer</i> Removed reference link to the policy titled: <ul style="list-style-type: none"> <i>BRCA1 and BRCA2 Genetic Testing</i> <i>Genetic Testing for Lynch Syndrome</i> <i>Pharmacogenomic Testing for Warfarin Response (NCD 90.1)</i> <p>Policy Summary</p> <p><i>Overview</i></p> <p>Gene Identification</p> <ul style="list-style-type: none"> Updated list of testing examples: <ul style="list-style-type: none"> Added PIK3CA Removed TP53 <p>Circulating Tumor Cell (CTC) Assay</p> <ul style="list-style-type: none"> Removed content/language pertaining to circulating tumor cell (CTC) assay <p>Transplant Recipients</p> <ul style="list-style-type: none"> Added language to clarify the list of testing example(s) is not all-inclusive <p>Documentation Guidelines</p> <ul style="list-style-type: none"> Removed reference to <i>Section 1862(a)(1)(A) of the Social Security Act</i> <p>Applicable Codes</p> <p><i>CPT Codes</i></p> <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added notation to indicate 0012U, 0013U, 0014U, and 0056U were “deleted Sep. 30, 2022” Added 0306U, 0307U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0326U, 0327U, 0329U, 0331U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0347U, 0348U, 0349U, and 0350U Removed 0006U, 81201, 81202, 81203, 81321, 81322, 81323, 81351, 81352, 81353, 81437, 81438, and 81545

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Molecular Pathology/Molecular Diagnostics/Genetic Testing (continued)	Dec. 14, 2022	<ul style="list-style-type: none"> Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Genetic Testing for Lynch Syndrome</i> for 81210, 81301, 88341, and 88342 Revised description for 0016M, 0022U, 0090U, 0229U, 0273U, 0276U, 81445, 81450, and 81455 <p>Diagnosis Codes</p> <p>For CPT Codes 81175 and 81176</p> <ul style="list-style-type: none"> Revised description for C94.6 <p>For CPT Codes 81279, 81338, 81339, and 0027U</p> <ul style="list-style-type: none"> Added list of applicable codes: C88.8, C91.00, C91.01, C91.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C93.10, C93.12, C93.Z0, C93.Z2, C93.90, C93.92, C94.40, C94.41, C94.42, C94.6, C95.10, C95.12, C96.Z, D45, D46.0, D46.1, D46.21, D46.22, D46.A, D46.B, D46.C, D46.Z, D47.02, D47.1, D47.3, D47.4, D47.9, D47.Z9, D72.821, D72.828, D72.829, D72.89, D72.9, D75.1, D75.81, D75.838, D75.89, D75.9, D77, R16.1, and R16.2 <p>For CPT Codes 81309 and 0155U</p> <ul style="list-style-type: none"> Added list of applicable codes: C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, and Z17.0 <p>For CPT Code 81310</p> <ul style="list-style-type: none"> Removed list of applicable codes: C91.00, C91.01, C91.02, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.30, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z2, C93.00, C93.01, C93.02, C94.00, C94.02, C94.80, C94.82, C95.00, C95.02, C95.90, C95.92, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, R16.1, R16.2, and Z85.6 <p>For CPT Codes 81321 and 81323</p> <ul style="list-style-type: none"> Removed list of applicable codes: C45.1, C48.1, C48.2, C48.8, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C61, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.1, C7A.8, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, D29.1, D3A.010, D3A.011, D3A.012, D3A.019, D3A.020, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, D3A.090, D3A.091, D3A.092, D3A.093, D3A.094, D3A.095, D3A.096, D3A.098, D3A.8, D40.0, N40.0, N40.1, N40.2, N40.3, N42.31, N42.32, N42.39, N42.83, R31.1, and R31.29

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Molecular Pathology/Molecular Diagnostics/Genetic Testing (continued)	Dec. 14, 2022	<p>For CPT Code 81334</p> <ul style="list-style-type: none"> Removed list of applicable codes: C91.00, C91.01, C91.02, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.30, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.12, C93.90, C93.92, C93.Z0, C93.Z2, C94.00, C94.02, C94.6, C94.80, C94.82, C95.00, C95.02, C95.90, C95.92, C96.9, C96.Z, D46.0, D46.1, D46.20, D46.21, D46.22, D46.9, D46.A, D46.B, D46.C, D46.Z, D61.818, D69.49, D69.6, D69.8, D69.9, D70.8, D70.9, D72.810, D72.818, D72.819, D75.89, D75.9, D77, R16.1, R16.2, and Z85.6 <p>For CPT Codes 81351 and 81352</p> <ul style="list-style-type: none"> Removed list of applicable codes: C88.8, C92.00, C92.01, C92.02, C92.20, C92.22, C92.30, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.A0, C92.A1, 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, 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>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1)	Dec. 14, 2022	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.4)</i> <p>Guidelines</p> <p>Nationally Covered Indications</p> <ul style="list-style-type: none"> Added language to indicate polysomnography is covered only if the beneficiary has the symptoms or complaints of narcolepsy, sleep apnea, impotence, or parasomnia; which must be documented in the medical record <p>Applicable Codes</p> <p>Diagnosis Codes (Facility Only)</p> <ul style="list-style-type: none"> Removed instruction to refer to the related Local Coverage Determinations (LCDs) for diagnosis codes <p>For Procedure Code 95805</p> <ul style="list-style-type: none"> Added list of applicable codes: E66.2, F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982, F51.13, F51.8, G47.10, G47.11, G47.12, G47.13, G47.14, G47.19, G47.21, G47.22, G47.23, G47.24, G47.25, G47.26, G47.27, G47.29, G47.30, G47.31, G47.39, G47.411, G47.419, G47.421, G47.429, G47.52, and G47.53

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Revised		
Policy Title	Approval Date	Summary of Changes
Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1) (continued)	Dec. 14, 2022	<p>For Procedure Codes 95800, 95801, 95806, 95807, 95808, 95810, 95811, G0398, G0399, and G0400</p> <ul style="list-style-type: none"> Added list of applicable codes: E66.2, F10.182, F10.282, F10.982, F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.21, F19.282, F19.982, F51.01, F51.02, F51.03, F51.09, F51.11, F51.12, F51.19, F51.3, F51.4, F51.5, F51.8, G47.10, G47.11, G47.12, G47.13, G47.14, G47.19, G47.20, G47.30, G47.31, G47.32, G47.33, G47.34, G47.35, G47.36, G47.39, G47.411, G47.419, G47.421, G47.429, G47.50, G47.51, G47.54, G47.59, G47.61, G47.69, G47.8, R06.83, and R09.02 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Replaced		
Policy Title	Approval Date	Summary of Changes
BRCA1 and BRCA2 Genetic Testing	Dec. 14, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled Genetic Testing for Hereditary Cancer
Genetic Testing for Lynch Syndrome	Dec. 14, 2022	<ul style="list-style-type: none"> Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled Genetic Testing for Hereditary Cancer
Retired		
<p>The following Policy Guideline has been retired effective Dec. 14, 2022:</p> <ul style="list-style-type: none"> Food Allergy Testing and Treatment (NCD 110.11) 		

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](#).